



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 027

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four Young People
Type of Inspection:	Announced inspection
Date of inspection:	27th and 28th January and 12th February 2021
Registration Status:	23rd May 2019 to 23rd May 2022
Inspection Team:	Linda Mc Guinness Eileen Woods
Date Report Issued:	15th March 2021

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1. Information about the inspection process

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

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

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

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in May 2013. At the time of this inspection the centre was in its third registration and was in year two of the cycle. The centre was registered without attached conditions from 23rd May 2019 to 23rd May 2022.

The centre was registered to provide short to medium term care to four young people aged between thirteen and seventeen years of age. The model of care was the systemic therapeutic engagement model (STEM) which provided a framework for positive interventions with young people. The model was based on a number of complementary philosophies and was described as a strengths-based approach focusing relationships and resilience. There were four key areas of focus to assist young people make progress through their placements; belonging, mastery, independence and generosity. There were three young people living in the centre at the time of the inspection with one aged 12 years having recently moved in under a derogation to the purpose and function the week of this inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4 only
4: Health, Wellbeing and Development	4.1, 4.2, 4.3

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

Statements contained under each heading in this report are derived from collated evidence. Due to the emergence of Covid-19 this was a blended inspection of remote

and onsite activity. It was carried out through a review of documentation and a number of online interviews and a visit to the centre to review the premises and meet young people.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, parents, staff and management for their assistance throughout the inspection process

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 17th February 2021. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 2nd March 2021. This was deemed to be satisfactory and the inspection service received an updated suite of policies and procedures and a commitment to implement all actions set out in the CAPA.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 007 without attached conditions from the 23rd May 2019 to the 23rd May 2022. pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs inform their placement in the residential centre.

There was a written policy outlining the admissions process which took account of the National Standards for Children's Residential Centres, 2018 (HIQA) and relevant legislation.

There was evidence that the admissions process involved review of all documentation and correspondence with social work departments to assess that this was a suitable placement to meet the identified needs of each young person as set out in their statutory care planning documents. The inspectors spoke with social workers who confirmed that this was a robust process and that they were involved in planning meetings with management and staff prior to and after admission to ensure that there was clarity about the goals of the placement in line with assessed needs.

The admissions policy included the completion of a collective pre admission risk assessment process whereby the impact of a new admission on other young people was carefully considered, along with how the behaviours of existing residents might impact the new young person. This involved communication with social workers and between social work departments where any concerns could be discussed. While inspectors found that the risk assessment was completed in all cases, a recent admission for a young person took place without the input or feedback of the social work department for another young person. This was due to leave in the social work department; however it should have been escalated by the centre manager to social work management to seek input before the young person moved in.

The inspectors noted that this centre has had on-going difficulties with staff retention and recruitment for the past twelve months. Throughout the year there were various

times when the full time staffing complement did not meet what was required under regulations, national standards or the memorandum on staffing issued by the Alternative Care Inspection and Monitoring Service (ACIMS) in February 2020. Inspectors noted that this staffing deficit was not considered as part of the decision to process referrals for the centre.

Separately, a young person under 13 years of age was recently admitted to the centre under a derogation to the purpose and function. The service level agreement, and placement proposal which the centre set out to inform how they could meet the needs of this young person indicated that there would be three staff on shift each day to include one-day shift and two staff sleeping over. One young person during the onsite inspection complained to inspectors that there were occasions when only two staff were rostered. Review of the centre rosters and conversation with the centre manager confirmed that this was the case on at least five occasions. The social care manager informed the inspector that at the time of referral/admission they had sufficient staff but that two staff have since left and on occasion they found it difficult to get cover. They also stated that a decision had been made to reduce staff onsite as one of the young people found it difficult to have so many people around the house. This is a decision that cannot be made unilaterally outside of consultation with the social work departments for all young people and the National Private Placement Team (NPPT).

After raising concerns, the inspector received correspondence that previous staffing levels were immediately reinstated.

The information provided prior to inspection showed that there was only one relief staff allocated to this centre and in fact they were not available to work during the Covid-19 pandemic. While it is acknowledged that they were recruiting for replacement staff, management must ensure that there are sufficient relief staff to cover gaps in the roster and ensure that they can fulfil the service level agreement and the commitment set out in the service proposal to meet the needs of young people.

The staff team made every effort to help young people to become familiar with the centre and what to expect when they move in. They visited young people in previous placements and sought advice and guidance from other professionals who knew them well. They were given opportunities to visit the centre and meet with staff and other young people and they were provided with written information about the centre. Management and staff members were available to answer questions and queries they may have.

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

Two of the three young people in the centre had a written up to date care plan on file. The statutory care plan review for one of the young people had been delayed due to the Covid 19 pandemic and had only recently taken place. The social worker for this young person confirmed to inspectors that the care plan was almost complete and would be sent to the centre without further delay.

Through review of documents and inspection interviews with the team and supervising social workers it was evident that the centre worked closely with all relevant professionals to implement the goals of the care plan. These had been formulated into placement planning documents which were sent to social workers for review and approval. Young people's wishes were considered and they were encouraged to participate in the planning and review process. Keyworkers helped them to prepare for child in care review meetings, encouraged them to set goals and targets for themselves. Those who completed questionnaires for the inspection confirmed that they were involved in planning and that they were getting support to achieve these goals. One parent who spoke with inspectors confirmed that they were listened to and encouraged to participate in the planning process and that the team were responsive to suggestions.

Placement plans were regularly reviewed to determine what progress young people were making or what additional supports might be required. Social workers were provided with copies of all planning documents and progress reports.

Each social worker who spoke with inspectors confirmed that there was excellent communication between them and the centre to ensure effective planning and assessment of progress. Two Guardians ad Litem that had been appointed to young people spoke with inspectors and also confirmed that their young people were making positive progress in line with the goals set out in their care plans.

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The layout and design of the accommodation was suitable to meet the needs of the young people. The centre was adequately heated, lit and ventilated. Bathroom facilities were adequate and afforded privacy for young people. Each young person had their own room and one who responded to inspectors through a questionnaire said that they were happy with the house, that it was clean, warm and comfortable.

They said they could personalise the house with photos and they told inspectors that they had a say in how it is decorated. They were satisfied that their belongings could be kept safely. Young people confirmed that their privacy was respected and that they could spend time alone if they wished.

However, when the inspector conducted an onsite visit to the centre both young people expressed dissatisfaction with aspects of the physical premises. There was evidence that some upgrade work had taken place since the last inspection as a new kitchen was fitted, new floors were fitted upstairs and some areas had been painted. Also, soft furnishings had been purchased. Notwithstanding this, the inspector noted that the house required significant work to modernise and make it homely. For example, floor boards in the downstairs areas were badly worn or damaged, there was evidence of past leaks on a ceiling and some tiles were chipped and there were no curtains in a small room that young people used. The inspector also noted that a number of sofas in the house had holes in the coverings which also had implications for fire safety as the fire retardant was compromised. This was not highlighted in any of the fire safety audits. There was no evidence that the upgrading or improvement of physical premises was a priority item for discussion at team or management meetings. This was also an issue requiring attention at the time of the 2019 inspection of this service.

The registered provider must ensure all necessary improvements and upgrades to the house are identified and that a programme of works is resourced and commenced. There must be evidence that the physical premises and upkeep of same is discussed at management meetings.

One young person also said that they hated the logo relating to the model of care that was displayed prominently on the floor as you enter the premises. While they said they that expressed this view previously, it was not evident that this was dealt with as an informal complaint or that any discussion or action took place about this issue. Management should consult with young people about this issue and ensure that their views are taken on board where possible.

The management, staff team and others described how the centre was well resourced to provide opportunities for play and leisure indoors and outdoors. There had been a lot of planning in this regard during periods of higher level restrictions to manage Covid 19.

The centre's fire safety policy had been updated in October 2020. The manager and regional manager sent on documents relating to fire safety and fire checks in the centre. Inspectors noted that an audit of the centre by external management had highlighted some deficits in daily and weekly checks which the delegated fire safety officer was responsible for. These issues were addressed without delay and remedial action was taken to ensure this would not reoccur. Future audits relating to fire safety must ensure that it is highlighted and appropriate action taken when fire retardation of furniture is compromised.

The centre had a health and safety statement and risk assessment dated April 2020 which was developed in line with Health and Safety regulations and it had been read and signed as understood by all staff. Staff members had been assigned specific responsibilities in the centre relating to health and safety, fire safety and medication oversight. The centre manager must ultimately hold responsibility for these tasks and also ensure that other staff are identified to act in the event that these people are absent.

Review of centre audits evidenced that health and safety audits took place regularly and that measures were in place to prevent accidents and injuries. There was an organisational risk register which accounted for environmental risks and hazards. One staff member had been injured in an accident on the premises but this was not reported to the Health and Safety Authority as a work place injury as required by the Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016). Senior management acknowledged that this was an oversight and would be rectified immediately.

There were systems in place to ensure that all vehicles used to transport young people and staff were road worthy and maintained appropriately. The centre manager provided inspectors evidence of this as well as the relevant insurance documentation. Proof of up to date, adequate insurance against accidents or injuries was also provided to inspectors.

The centre had a policy on Covid 19 and control measures and updates in place to support infection control. There were cleaning schedules, protocols and equipment in place to manage the on-going pandemic.

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.

Each young person had a care record as required by regulations and national standards. There were policies which set out what documents were required and keyworkers were responsible for the creation and maintenance of each young person's file. With the exception of the aforementioned care plan and immunisation records for one young person the centre manager and social work departments confirmed that the files contained all information set out in the relevant regulations. Both confirmed that they were actively trying to source these records and would continue to do so. There was evidence that care files were routinely audited internally and by external management with prompt action taken if deficits were highlighted.

There were arrangements in place to ensure that each child's care record was held safely and securely when they were in the centre and archived appropriately when they left. Staff were made aware of their obligations relating to confidentiality and records were only shared with relevant persons.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 2.2 Standard 2.4
Practices met the required standard in some respects only	Standard 2.1 Standard 2.3
Practices did not meet the required standard	None identified

Actions required

- The registered provider must ensure that adequate staffing in line with regulations and standards is maintained at all times and is taken in to account when considering new referrals to the centre.
- The registered provider must ensure that there are sufficient staff , including relief workers to fulfil the service level agreement and facilitate the roster which has been determined will meet the needs of young people.
- The centre manager must ensure that there is evidence of consultation with all social work departments during the referral and admission process for a new young person in line with centre policy.
- The registered provider must ensure all necessary improvements and upgrades to the house are identified and that a programme of works is resourced and commenced. There must be evidence that review of the physical premises and upkeep of same is discussed at management meetings.
- The centre manager must ensure that future audits relating to fire safety must ensure that it is highlighted and appropriate action taken when fire retardation of furniture is compromised.
- The registered provider must ensure that any workplace accidents or injuries are appropriately reported to the Health and Safety Authority as a work place injury as required by the Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. No. 370 of 2016).
- Centre Management should consult with young people about the model of care logo and ensure that their views are taken on board where possible.

Regulations 10 – Health Care

Regulation 12 Provision of Food and Cooking Facilities

Regulation 23 Care Plan

Theme 4: Health, Wellbeing and Development

Standard 4.1 – The health, wellbeing and development of each child is promoted, protected and improved

Inspeccors found that the registered provider ensured that there were policies and measures in place to meet the requirements of the National Standards for Children’s Residential Centres, 2018 (HIQA) relating to child health and wellbeing. It was noted however, that mental health and sexual health were not specifically referenced in the policy relating to health and this is recommended. Staff were aware of and

implemented policies and practices to promote and protect the health, safety, development and welfare of young people. From review of keyworking and minutes of meetings there was evidence of regular consultation and discussions with young people about their health and development.

Review of placement plans and progress reports evidenced that the physical and mental health of young people was prioritised. Keyworkers devised and reviewed placement plans with the support of a case manager and set goals and targets for young people relating to healthy lifestyle and self-care, the dangers of substance misuse, physical, sexual and mental health amongst others. There was evidence that the staff team communicated and co-operated with other professionals in support of the implementation of these goals. It was noted that if young people had not been attending formal education they had not received, or been afforded the opportunity to avail of the national HPV vaccination programme. The centre manager and supervising social workers must ensure that this is followed up and that it is part of placement planning for all young people.

While inspectors were not on site in the centre to observe mealtimes, interviews and review of centre records pointed to the provision of wholesome and nutritious meals and snacks. One young person had complained that they did not like the food provided and every effort was made (including consultation with significant family members) to ensure that this issue was resolved. Through inspection interviews staff described how they explored all options to support another young person who struggled to adhere to a healthy and nutritious diet. Their supervising social worker was complimentary of the efforts made and the progress achieved.

Young people could cook for themselves and if they chose to were involved in the shopping for and preparation of meals. Staff described how any specialised dietary requirements would be catered for. The manager informed inspectors that young people and staff shared meals most days and that this was a positive experience.

None of the young people in the centre were preparing to leave care imminently however it was evident that there was a focus on learning independent living skills using the ‘mastery’ and ‘independence’ strands of the model of care. Everyday learning experiences were also used through the STEM model of care to assist young people to develop coping skills to deal with any stress and adversity they may experience.

Review of records showed that young people were very involved in decision making relating to aspects of their care which was appropriate to their age and development.

While it was evident that staff members were focused on education for young people who were not in school, it would be useful if there was an education plan for these young people to guide continuous learning and to help them achieve their full potential.

Standard 4.2 – Each child is supported to meet any health and development needs

Inspectors found that practice in this area was generally positive and that young people were involved in decisions about their health and wellbeing. Outcomes of previous medical and psychological assessments which had taken place were referenced on some of young people’s planning documents such as absence management plans. However previous diagnoses for two of the young people were not referenced on their main planning documents. These professional assessments must be incorporated into placement plans to inform care approaches and staff interventions.

Young people were either connected with appropriate specialist services outside the centre or these professionals met with the team to guide their interventions. Inspectors found that this guidance and direction was communicated to the staff team, built into young people’s plans and incorporated on to their care records. The centre and social work department were making efforts to obtain the immunisation records for one young person. The staff team were diligent in following up with necessary dental or other specialist treatments that young people required. Social work departments sourced additional funding if necessary.

Each young person had access to a general practitioner and all relevant information was shared with them. One young person was supported to change GP when they were not satisfied with one they were registered with. The social worker described this as a significant piece of work following which the young person engaged really positively.

There was a comprehensive medication management policy in place and there was evidence that implementation of this in practice was subject to regular oversight through internal and external governance audits. Inspectors found that there were robust arrangements in place to prevent and manage Covid 19. The organisation’s contingency plans were regularly reviewed and updated in line with National Public Health Emergency Team (NPHE) and Government guidance to ensure the safety of young people and staff members.

Standard 4.3 – Each child is provided with educational and development opportunities to maximise their individual strengths and abilities

Inspectors found that the centre placed a value on young people having access to and remaining in education in line with the requirements of the National Standards for Children’s Residential Centres, 2018 (HIQA). Through review of centre records and inspection interviews it was evident that the team sought to identify the individual strengths, interests and abilities of each young person. The voice of one young person had clearly influenced the direction their education was progressing. There was good evidence of communication with the social work departments about education or training for each young person. The inspector spoke to the parent of one young person and they said that they felt encouraged to participate in decisions relating to their care and education. There was evidence that they were updated in respect of their child’s progress and were invited to attend child in care review meetings.

Centre management were satisfied that there was a comprehensive record of young people’s education history, progress and achievements on each file. This was subject to regular internal and external auditing. Although inspectors were not on site interviews with management, staff and social workers pointed to staff encouraging positive daily routines to support education, leisure and healthy sleep patterns.

The new young person in the centre was attending primary school. A second young person was not currently in a school placement in line with legislative requirements. Interview with their social worker and review of this young person’s care records showed that staff had made every effort to source training or other opportunities however this had been negatively impacted by the young person’s motivation and the Covid-19 pandemic. The supervising social worker informed inspectors that strategy meetings would continue and that individual tuition and other learning and development opportunities would be explored to support the young person to attain their full potential. A training opportunity had been sourced for the third young person in line with their own aspirations and this was being supported by the centre and the social work department.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12 Regulation 23
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	Standard 4.1 Standard 4.2
Practices did not meet the required standard	None identified

Actions required

- The centre manager and supervising social worker must ensure that young people have access to national vaccination programmes.
- The centre manager must ensure that all previous assessments are referenced on young people's plans and that they inform approaches to care.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The registered provider must ensure that adequate staffing in line with regulations and standards is maintained at all times and is taken in to account when considering new referrals to the centre.</p> <p>The registered provider must ensure that there are sufficient staff, including relief workers to fulfil the service level agreement and facilitate the roster which has been determined will meet the needs of young people.</p>	<p>One full time Social Care Worker (SCW) had accepted a position in the centre during the inspection process. The centre is awaiting vetting and references to be verified. The on-boarding process is expected to be finalised by 5th March 2021 with a start date of 8th March 2021. There is an active recruitment drive in place to identify suitable relief social care staff to support the core staffing complement. Interviews are scheduled to take place on 4th March 2021.</p> <p>The recruitment process for two additional relief social care workers has commenced with interviews scheduled for 4th March 2021. The roster has been reviewed to ensure that day shifts are rostered each day, ensuring the needs of each young person are met.</p>	<p>Centre and senior management continue to raise and address recruitment needs in a timely manner. Discussions are on-going regarding work force planning in monthly regional meetings, team meetings, and fortnightly governance reports. There are effective strategies between senior management, centre management, and our HR department to ensure that recruitment and retention remain a critical focus of attention. The company has recently employed a marketing manager to assist the HR department with its recruitment efforts.</p> <p>In addition to existing systems to ensure the centre has sufficient staffing levels, senior management will review staffing levels at monthly senior management meetings and escalate recruitment measures as required. Furthermore, the recent appointment of a marketing manager has assisted with</p>

	<p>The centre manager must ensure that there is evidence of consultation with all social work departments during the referral and admission process for a new young person in line with centre policy.</p> <p>The registered provider must ensure all necessary improvements and upgrades to the house are identified and that a programme of works is resourced and commenced. There must be evidence that review of the physical premises and upkeep of same is discussed at management meetings.</p>	<p>Social care manager attempted to make contact with Social Worker/Social Work Team leader and followed up with an email – however no response was received, nor was there an out of office response on either emails, or communication that both from social work department were on annual leave during this period. In such instances the social care manager would escalate to PSW in absence of Social worker and Team Leader</p> <p>Maintenance and decorative improvements have commenced within the centre with new flooring installed on the 24th, 25th and 26th of February, alongside decorative works identified with a programme of works in place for physical centre improvements.</p> <p>Maintenance and decoration have been prioritised as standing items for discussion at team meetings, management meetings, and Regional management meetings.</p>	<p>identifying additional measures which will impact on recruitment and retention.</p> <p>Centre Management will ensure that, should any Social Worker or Social Work Team Leader not respond to notification of a proposed admission within a 48 hour period, it is escalated to principal social worker to ensure that consultation takes place prior to the admission of any young person to the centre.</p> <p>A review of the physical premises and decor will occur fortnightly at management meetings between the centre manager and social care leaders in the centre with action plans in place to rectify any issues. Consultation with regional manager to occur and action plans regarding actions required will be documented in fortnightly governance reports. Centre self-audits will also be conducted regularly by the centre manager to highlight any necessary</p>
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	<p>The centre manager must ensure that future audits relating to fire safety must ensure that it is highlighted, and appropriate action taken when fire retardation of furniture is compromised.</p> <p>The registered provider must ensure that any workplace accidents or injuries are appropriately reported to the Health and Safety Authority as a work place injury as required by the Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences)</p>	<p>A fire safety audit has been carried out by centre management and an appropriate action plan is in place. Furniture will be replaced as outlined in programme of works to ensure no furniture within the centre poses as a health and safety risk. In addition, all staff will receive refresher training in fire safety so that staff are familiar with expectations around fire retardation. This has commenced with staff receiving training in such on the 26th of February and the remaining team members due to complete refresher training on the 17th of May.</p> <p>Any workplace injuries that occurred in the centre has been notified to HSA retrospectively. The centre will also introduce an online Accident/Injury Register to record all accidents and injuries. Reports to HSA will be captured in the register. This register will be implemented on 8th March 2021.</p>	<p>improvements the centre may require.</p> <p>Centre manager will ensure there is a focus on fire safety throughout all future health and safety audits where any concerns will be noted. Regional manager will have oversight of such audits and appropriate action plans will be put in place. Regional manager will also carry out senior management audits on the centre on a regular basis.</p> <p>A system has been put in place to ensure the centre manager has a responsibility to notify the director of services regarding any workplace injury where notification to the HSA will occur if applicable. The newly introduced accident/injury register will be monitored regularly by the Regional Manager and accidents/injuries are a standing item in the senior management</p>
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	<p>Regulations 2016 (S.I. No. 370 of 2016).</p> <p>Centre Management should consult with young people about the model of care logo and ensure that their views are taken on board where possible.</p>	<p>Centre Manager has consulted with each young person regarding the model of care logo where their views were taken on board. The model of care logo has been removed from the entrance hall of the centre as per the wishes of the young people.</p>	<p>meeting to ensure that all accidents and injuries are responded to in an appropriate manner.</p> <p>Centre Manager will ensure home improvements are discussed at each young person's meeting and any concerns noted are logged as an informal complaint. Centre Manager will review this regularly and liaise with each young person should any future issues of such occur.</p>
4	<p>The centre manager must ensure that all previous assessments are referenced on young people's plans and that they inform approaches to care.</p> <p>The centre manager and supervising social worker must ensure that young people have access to national vaccination</p>	<p>A review has taken place on all young person's placement plans and supporting documents where any diagnosis or previous assessments have been highlighted in these documents to further support the team in working with each young person.</p> <p>Centre manager has contacted each young person's social worker regarding young people accessing the national vaccination programmes. Action plan in place</p>	<p>Centre manager and case managers will ensure that any diagnosis / psychological assessments are highlighted on each young person's placement plans and supporting documents at the admission stage. These assessments may be revisited throughout the placement to further inform changes to interventions.</p> <p>Centre manager will ensure that there is a plan in place for each young person to avail of the national vaccination programme. Centre management to ensure this is</p>

	programmes.	regarding this, with an emphasis on each young person being offered the HPV Vaccine.	discussed at each admission meeting and incorporated into each young person's placement plan. The admissions checklist for young people upon admission has been updated to include a prompt to reference a requirement to ensure that national vaccination programmes are highlighted.
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