Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 095

Year: 2022

Inspection Report

Year:	**2022**
Name of Organisation:	**Daffodil Care Services**
Registered Capacity:	**Four young people**
Type of Inspection:	**Announced inspection**
Date of inspection:	**20th, 21st, 24th June 2022**
Registration Status:	**Registered from 30th December 2020 to 30th December 2023**
Inspection Team:	**Joanne Cogley** **Linda Mc Guinness**
Date Report Issued:	**24th August 2022**

Contents

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 and Regulation 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 2008. At the time of this inspection the centre was in its fifth registration and was in year two of the cycle. The centre was registered without attached conditions from the 30th December 2020 to the 30th December 2023.

The centre was registered as a multi occupancy service. It aimed to provide short to medium term care for four young people of either gender from age thirteen to seventeen years. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provided a framework for positive interventions. STEM draws on a number of complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention and daily life events. There were four children living in the centre at the time of inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
4: Health, Wellbeing and Development	4.3
6: Responsive Workforce	6.1

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. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process

2. Findings with regard to registration matters

At the time of this inspection the centre was registered from the 30th December 2020 to the 30th December 2023. This is a draft report and the decision regarding the continued registration status of the centre is pending.

A draft inspection report was issued to the registered provider, senior management, centre manager on the 25th July 2022 and to the relevant social work departments on the 25th July 2022. 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 8th August 2022. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed. Where there were areas of identified non-compliance, subsequent to the inspection evidence was provided to inspectors that the centre had now come into compliance.

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: 095 without attached conditions from the the 30th December 2020 to the 30th December 2023 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 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The centre was a detached two storey house located in a rural area. Each young person had their own bedroom and access to bathrooms that allowed for privacy for staff and young people. Young people informed inspectors they had adequate storage and space for their personal belongings and were happy with their rooms. Inspectors spoke with three social workers and one guardian ad litem for young people. All confirmed their allocated young person had been actively involved in decorating their rooms and had a say in the house décor. There was evidence through young persons' meetings and individual work records that young people had an input into the house décor.

There was artwork completed by young people on display in the entrance hall. There were large communal areas including a kitchen, two sitting rooms and landing area. The outside area of the house consisted of football goals and swing ball and was well maintained. Young people had requested swings and as an alternative a number of hammocks had been purchased but were yet to be set up outside. The centre was adequately lit, heated and ventilated during the course of inspection. While the overall presentation of the house was well maintained, the communal areas and hallways required painting and the main sitting room area required new furniture (sofas and coffee table) as these were quite worn. All professionals interviewed noted the house was homely but one social worker noted the sitting room required work.

The organisation employed their own maintenance department, and this was coordinated by the maintenance manager and overseen by the operations manager and regional manager. Inspectors reviewed the maintenance register and found there to be a delay in the completion of tasks in some instances. There were a

number of items entered onto the log from the 01/02/2022 that were completed the week prior to inspection. This was a delay of four and a half months. This work included repairs to holes in the hall ceiling where wires had been pulled, an old sofa to be removed and emergency lighting in one bedroom to be fixed. There were items entered on the 06/03/22 (removal of furniture from bedroom) that was not completed until the 31/05/22.

Further to this, there was an entry on the 29/01/22 which was cited as a health and safety concern. This was related to the shower in the young people's bathroom. Records showed that the door had detached from the rollers which resulted in the door falling on staff when cleaning and the metal surround was broken which had resulted in young people cutting their feet when trying to get in and out of the shower. One young person had made a formal complaint in relation to the shower in January 2022. The centre manager informed inspectors they had escalated this maintenance request on a number of occasions. They confirmed the parts were ordered on day one of this inspection and the works completed on the 20/06/22. The centre manager also confirmed they had requested the gutters of the house to be cleaned since November 2021 and this was yet to be completed.

Inspectors reviewed health and safety audits that were carried out by the centre's health and safety officer and the centre manager monthly. These audits were shared with the regional manager. Information on audits correlated to the information recorded in the maintenance register and noted delays occurring in relation to completion of tasks. The regional manager also completed a monthly monitoring report on the centre. This did not account for the delays or the impact on the centre in relation to these delays but instead focused on the register being up to date and signed off by management. Staff and managers interviewed stated that the maintenance department were responsible for all centres within the organisation and they had to prioritise issues in centres, which resulted in some delays. The registered proprietor must review responses to maintenance requests and determine if the department requires more staff / resources.

Inspectors reviewed a sample of staff files and reviewed the training overview records and found staff were trained in manual handling, first aid responder course and safe administration of medication. Inspectors found that staff were trained in fire safety, however were not trained in the physical use of extinguishers. The regional manager confirmed the physical element had been negatively impacted by Covid-19 and it was the intention that all staff would be retrained in the use of extinguishers. The regional manager and centre manager must ensure this is completed in a timely

manner. The centre employed an external contractor who attended the premises quarterly and serviced fire equipment. From a review of records these visits were occurring in line with requirements. Inspectors reviewed fire safety records and found daily, weekly and monthly checks to be occurring. A review of fire drills showed that while drills were occurring, one young person had not been present in the house for any drills since 18/09/21 and the centre manager should ensure they are conducting fire drills that target engagement from all young people at regular intervals.

The centre had a safety statement in place. This had been signed by all staff members. It included details relating to the premises, hazards and risk assessments along with identified roles and responsibilities of all staff members.

All vehicles were roadworthy, serviced, insured, taxed and driven by staff members who were legally licensed to drive.

Compliance with regulations	
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	**Not all standards were assessed**
Practices met the required standard in some respects only	**Standard 2.3**
Practices did not meet the required standard	**Not all standards were assessed**

Actions required

- The centre manager must ensure the communal and hallway areas are painted.
- The centre manager must ensure the worn furniture in the sitting room area is replaced.
- The registered proprietor must review responses to maintenance requests and determine if the department requires more staff / resources.

- The regional manager and centre manager must ensure that all staff are trained in the use of fire extinguishers in a timely manner.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The centre supported a positive approach to the management of behaviours that challenge, and this was supported by a number of organisational policies. Sanctions and rewards were being utilised appropriately within the centre. There was clear evidence of positive rewards and positive significant event notifications where applicable. There was evidence of consequences being utilised and these being naturally linked to the behaviours displayed. There was evidence on file of individual work records and life space interviews occurring after significant events to support the young people in identifying and developing coping mechanisms. One young person inspectors met with spoke highly of the staff team being able to recognise when they were in a low mood and could support them through this. Social workers confirmed that the staff team worked well to support their allocated young people at times of distress. One GAL noted the team had good insight into the needs of the young people and could respond appropriately as issues arose.

There was a deficit in staff training in the physical aspect of a recognised model of behaviour management. This had been identified on the centres risk register and on the young people's individual crisis support plan (ICSPPs) however had not been identified in the behaviour management audit carried out in February 2022. While all staff had been trained in the theory aspect, four staff required training in the physical aspect. The centre was utilising two agency staff who weren't trained in the centre's model of behaviour management. One of these staff were being utilised frequently by the service. The young people's ICSPPs were clear in stating what physical interventions could be utilised. Inspectors noted that some physical intervention permitted in individual crisis support plans were unlikely to be able to be utilised in practice for various reasons. These included; the staff to number of young people ratio, and that size of young people was not considered a contra indicator when it should have been.

ICSPPs also noted that planning must occur on a daily basis within the team due to deficits in training. Inspectors reviewed a number of handover records and did not find evidence of planning in relation to proactive proposals as to how challenging behaviour might be managed within the shift should they arise. Inspectors noted on a number of days on the rosters two of the three staff members on shift were not trained in the physical aspect of a recognised model of behaviour management. The centre manager and regional manager must ensure all staff members training is brought up to date in relation to physical interventions and that practise reflects actions laid out in documents. Social Workers should be informed that physical intervention cannot be used until this occurs.

The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provided a framework for positive interventions. Inspectors were informed that training in this model of care had recently been restructured and was more comprehensive. Staff members were provided with an introduction to the model of care on induction and then were scheduled to attend eight separate training modules. These modules were stand-alone and could be accessed in any order with one module being offered each month. There was also an agreement in place that the delivery of the model of care would be certified by a third level institute. However, inspectors found that while the structure of training in the model of care was appropriate, there were delays in staff members accessing this training. In some instances, there were significant delays in staff completing their first training module. It is essential that new staff begin training in the model of care as quickly as possible. The regional manager must ensure that newly recruited staff access modules on the model of care within an appropriate timeframe of beginning employment in the centre. The current policy stated all staff would receive full training in STEM spanning six months of their induction and this should be reviewed to ensure it reflects the changes in training provision and practise. Inspectors found that the training spreadsheet provided by management did not correlate with the records held on staff personnel files which demonstrated whether or not this training had been completed. Personnel files must be kept up to date and contain accurate records of training certs to demonstrate training has been completed. Each centre had a leader in the model of care who supported staff to utilise these skills and ensure that care records contained associated language. Further, there was evidence that the implementation of the model of care was reviewed and discussed regularly at team meetings. There was also a monthly regional forum that discussed the model of care in the centre and feedback was provided to staff on this.

Inspectors noted a lack of congruence between the model of care and practice on the floor. One young person had raised an issue on the 29/4/22 in relation to a staff member being on their phone and not listening to them and having to call the staff members name a number of times for attention. This was recorded as an individual work record and was noted in the informal complaint register. The outcome of this was noted that staff were to be reminded not to be on their phones. Inspectors did not see recorded evidence of this discussion occurring within the team. Following this, further issues were raised by young people at a house meeting on the 3/5/22 in which they expressed *"feelings of frustration, movie night at weekends..... staff not engaging because they are on their phones – young people feeling they are not being heard"*. Inspectors did not see an adequate recorded response to this within the young person's meeting booklet. From a review of individual work records it stated that young people were spoken to after the event and were happy with the response. There was no response recorded in reports and neither the centre manager nor regional manager could clearly explain to inspectors what steps had been taken to address the concerns raised. Inspectors were given differing accounts by staff and management of what was understood by the complaint made by young people with one version minimising it as a suggestion and not a complaint. Inspectors met with a number of staff members during inspection and one alluded that it was part of the culture for staff to be on phone or read books / kindles when in the house to promote a 'normal' family environment. Inspectors observed one staff member reading a book whilst young people were around. STEM notes that relationships are strengthened by emotional presence and availability. Inspectors reviewed the centres code of conduct which stated that staff members are only permitted their personal phones in exceptional circumstances. This is in contradiction to what the centre manager and staff members stated was occurring. Inspectors met with the regional manager who stated they did not support this practice and would address same. The regional manager must review the current code of conduct and ensure day to day practice is congruent with the model of care. Despite the aforementioned procedures in place to review the implementation of the model of care, the above issue was not identified or discussed within these processes.

Inspectors met with young people who stated this issue continued to be ongoing, they stated it was not all staff, but a number of staff were on their phones throughout the days, and they would have to call their names a number of times before being able to get their attention. Inspectors reviewed fortnightly service governance reports that were completed by the centre manager and sent to the regional manager for review. The young persons meeting referred to above was not referenced in the context of the issues with the mobile phones under the young persons meeting section in the report.

It was noted that one informal complaint had been received by one young person in relation to young people and staff being on their phones. Inspectors noted adequate context was not provided in this fortnightly service governance report to alert the regional manager to the issues raised. Social Workers and Guardian ad Litem that inspectors interviewed were not aware of the above issues. They noted they had regular and clear communication with the centre manager but these issues had not been notified to them either verbally or through the SEN notification system. There are clear expectations placed on the young people to behave in a certain manner and consequences may be applied if they don't. There is an expectation that staff behave in a manner that assists the young people and supports them in managing their behaviour, when staff are failing to follow their own policy and this has been raised by the young people on repeated occasions with no change, then this does not represent good role modelling by the staff.

Young people informed inspectors that while the regional manager visited the centre and talked to them when present, they did not speak to them one on one or ask them directly about the care they receive. This was evident in a monthly monitoring report in which the regional manager noted they had lunch with the young people who spent most of their times on their phones. There was no evidence of discussions occurring relating to their care or concerns they had raised. The regional manager should meet with young people about concerns raised and take appropriate action.

At the time of inspection, the level of behaviour that challenges within the centre was relatively low. The registered provider ensured there were a number of auditing and monitoring systems in place to review the centres approach to managing behaviour that challenges. This included;

- Fortnightly service governance reports completed by the centre manager and sent to the regional manager for review.
- Monthly monitoring reports completed by the regional manager.
- Quality checks completed by the regional manager that reviewed areas such as ICSPPs & placement planning, risk assessments, significant event notifications.
- Monthly significant event review group (SERG) meetings attended by the regional manager and centre managers within the region.
- Auditors external to the organisation completed a specific behaviour management audit in February 2022.

There was evidence of the use of restrictive practice at the time of inspection. This included; phone checks, room searches and sensors. There were risk assessments on

file for all except the room searches. Room searches had not been identified as a restrictive practice and the regional manager confirmed it was part of the rules of the house and young people were informed of same upon admission through their young persons information booklet. Inspectors saw in one SEN where a room search had been carried out without the knowledge of the young person and they later discovered this when they noted items removed from their room. The centre manager must ensure room searches are identified as a restrictive practice, that they are risk assessed and reviewed appropriately and that the young person is aware of restrictive practices occurring. Inspectors spoke with three social workers, all confirmed they were consulted on all the aforementioned identified and non-identified restrictive practises and were in agreement with same for the purposes of safeguarding their young person.

Compliance with regulations	
Regulation met	**Regulation 16**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Not all standards were assessed**
Practices met the required standard in some respects only	**Standard 3.2**
Practices did not meet the required standard	**Not all standards were assessed**

Actions required

- The centre manager and regional manager must ensure all staff members training is brought up to date in relation to physical interventions and that practise reflects actions laid out in documents. Social Workers should be informed that physical intervention cannot be used until this occurs.
- The centre manager and regional manager must ensure personnel files are kept up to date and contain accurate records of STEM training certs to demonstrate training has been completed and training must be provided in line with policy.
- The regional manager must ensure that newly recruited staff access modules on the model of care within an appropriate timeframe of beginning employment in the centre.
- The regional manager must review the current code of conduct and ensure day to day practice is congruent with the model of care.

- The regional manager should meet with young people about concerns raised and take appropriate action.
- The centre manager must ensure room searches are identified as a restrictive practice, that they are risk assessed and reviewed appropriately and that the young person is aware of restrictive practices occurring.

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

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

At the time of inspection all four young people had an allocated school placement. All were attending on a regular basis and had recently begun their summer break. It was the intention of one young person to transition to a new school in September and they were involved in the planning process in relation to this move.

Inspectors reviewed young people's care files and found a range of exam results, school reports, certificates of achievement and awards on file. There was evidence of these being celebrated with the young people. Young people had access to an area in which to complete homework and this was built into their daily routine and weekly planner where required. It was evident that the staff valued and promoted education within the centre. Inspectors spoke with three social workers and one guardian ad litem, all of whom were complimentary on the efforts of staff in relation to promoting young people's education. All felt education needs were being met in line with care planning.

The young people's keyworkers or case managers acted as the significant person for the purpose of liaising with teachers, attending parent-teacher meetings and advocating on behalf of the young people. There was evidence of regular communication between schools and the centre via email and through phone records that were kept on each young person's care file.

Whilst young people were not approaching school leaving age, they were encouraged to think about their preferences and discuss their interests with staff members and were facilitated and supported to explore these interests further.

Compliance with regulations	
Regulation met	**Regulation 12**
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	**Not all standards were assessed**
Practices did not meet the required standard	**Not all standards were assessed**

Actions required

- None required

Regulation 6: Person in Charge
Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

The centre was registered to provide care to four young people. The roster pattern in place was two overnights and one day shift resulting in a staffing ratio of three staff to four young people. At the time of inspection, the staffing complement in the centre consisted of an acting centre manager, a deputy manager, three social care leaders (one of whom does not meet criteria for social care leader), four full time social care workers and one social care worker on a reduced hours contract. The staffing in place contradicted the staffing set out in the centre's own statement of purpose which had been reviewed in October 2021. This outlined that the centre had three full time social care leaders and seven full time social care workers. The centre was not in compliance with the staffing numbers outlined in their statement of purpose nor were they in compliance with the Alternative Care Inspection and Monitoring memo on staffing numbers and qualifications (April 2022). These numbers were not sufficient with regard to the number and needs of the young people and the centre was reliant on agency staff and staff from other services within the organisation to fill the deficits. The regional manager informed inspectors the week following inspection that a further full-time contract had been offered and accepted. There was no start date in place due to the proposed employee awaiting vetting.

Inspectors met with two young people when on site, both of whom stated they did not feel there was enough staff to take care of them within the centre. A third young person, did not wish to meet with inspectors but completed a questionnaire, stating that they were "unhappy" that there were not enough adults in the house. One young person informed inspectors that due to staff shortages they had missed activities on occasions and the other young person informed inspectors that whilst they had not missed any access visits, they constantly felt anxious coming up to visits at the thoughts that there may not be enough staff in the house to facilitate this. Young people had raised this within a house meeting, and it was noted that they felt *"there was not enough staff particularly at the weekends, not getting to do individual activities, causing stress over access and having to double up in cars"*. Another young person raised an issue on the 23/04/22 in which they stated the centre was short staffed, a recent staff member who left hadn't been replaced and they felt the centre was "*under-prepared should anything go wrong*". This was recorded as an individual work record and signed by the centre manager and staff member. There was no evidence of this being investigated as a complaint with the outcome noted to be that the young person got to continue with their day and was to continue to be supported in placement. Whilst the overview provided in the fortnightly service governance report at this time stated there was an informal complaint, it did not provide context to the young person's concerns. Inspectors did not see evidence of adequate response to these concerns being raised by young people.

Inspectors could not make an effective judgement on workforce planning in the centre due to difficulties ascertaining copies of accurate planned and worked rosters. For the purposes of governance, the centre manager must ensure there is a planned roster available to demonstrate proactive planning for the centre. From the rosters that were presented, there were significant changes occurring between the planned rosters and the final rosters. Staff members interviewed also informed inspectors that they often had to change shifts at short notice to cover short staffing and sick leave. Inspectors reviewed a sample of eight days on the May roster and correlated this information with sign in sheets, daily logs and handovers. It was found that for one of the eight days the information on the planned roster, final roster, sign in sheet, handover log and daily log all correlated. For the other seven days none of the information matched across these five documents with different staff members names appearing across all documents thus making the daily log the only reliable source to ascertain who worked and when. Three days were noted to have two staff members working with no day shift. One of these daily logs highlighted that young people were not able to do individual activities they wished to do. A second daily log

appeared to show that young people were left together unsupervised for significant periods of time throughout the day. Social workers confirmed they were unaware of issues relating to short staffing within the centre and that this had not been brought to their attention.

Of these eight days, three staff working were from other services within the organisation and one staff member was an agency staff member. Where the centre had relied on utilising agency staff to cover the roster, they utilised two consistent staff members where required. Inspectors did not see the centre having access to an adequate panel of relief staff. The regional manager informed inspectors that the service was experiencing a staffing crisis and that all avenues were being exhausted to increase recruitment. The recruitment department had been allocated extra resources and had recently held recruitment days and increased online recruitment drives and they were hopeful this would aid to increase staffing across all their services. The centre manager continuously highlighted in their fortnightly service governance reports to senior management the difficulties the centre was experiencing in relation to staff, the impact this was having on the team in relation to their morale, tiredness etc and the lack of provision of day staff on occasion. This report did not focus on the impact on the young people.

The regional manager must ensure the centre has access to suitable numbers of staffing to meet the needs of the young people, they must also ensure the centre can access additional staff members from a panel of relief staff. The centre manager must ensure evidence of adequate proactive workforce planning together with ensuring all documents held within the centre contains accurate and up to date information.

Inspectors reviewed a sample of staff personnel files, including the two agency staff personnel files. From files reviewed staff members had appropriate vetting in place, verification of qualifications and inductions on file. Where risk assessments were in place for disclosures on garda vetting, this was not robust and did not provide context to the disclosures nor take into account time since convictions and qualifications completed as part of safeguarding measures. Inspectors found that where oversees vetting had been received, these weren't always translated into the English language to confirm there were no concerns. The regional manager must ensure robust safeguarding measures are taken and recorded where there are disclosures on vetting forms.

The centre had formalised arrangements in place for on call. The HR department had received feedback from a recent exit interview in relation to the effectiveness of the process and shared this with the centre manager. The centre manager reviewed this with the management team and staff team as a learning process. The organisation's on-call policy noted that calls made for guidance and direction should be recorded in the young person's daily log. For organisational governance and oversight purposes the centre must keep a record of all calls made to on-call personnel and the advice and direction given. As these logs are care related as opposed to operational and can be accessed by young people at any time, it is recommended that senior managers review this to ensure it is the most appropriate forum to record reasons on call was contacted and direction provided.

Compliance with Regulation	
Regulation met	**Regulation 6**
Regulation not met	**Regulation 7**

Compliance with standards	
Practices met the required standard	**Not all standards were assessed**
Practices met the required standard in some respects only	**Not all standards were assessed**
Practices did not meet the required standard	**Standard 6.1**

Actions required

- The regional manager must ensure the centre has access to suitable numbers of staffing to meet the needs of the young people, they must also ensure the centre can access additional staff members from a panel of staff.
- The centre manager must ensure evidence of adequate proactive workforce planning together with ensuring all documents held within the centre contains accurate and up to date information.
- The centre manager and regional manager must ensure all complaints by young people in relation to staffing are recorded and managed in line with the organisations formal complaints policy.
- The regional manager must ensure robust safeguarding measures are taken and recorded where there are disclosures on vetting forms.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager must ensure the communal and hallway areas are painted.	The painting of the communal and hallway areas has been raised by Centre Manager as a maintenance request and the maintenance team are due in the Pines on 10.08.22	Centre Manager will continue to raise maintenance requests as required for the centre. Regional Manager will review the maintenance/ upkeep of the centre in weekly visits and also continue to review maintenance requirements via the fortnightly service report/ maintenance spreadsheet and ensure that works are responded to in a timely fashion.
	The centre manager must ensure the worn furniture in the sitting room area is replaced.	Centre Manager and regional manager reviewed the furniture in the sitting room and plan to replace the coffee tables, clean the sofa's and cover with sofa covers. Young people have been consulted and are picking the covers with SCM. This will be completed by 01.09.22	Centre Manager will continue to raise expenses for the upkeep of the centre as required. Regional Manager will review and ensure that appropriate expenses are responded to promptly.

	The registered proprietor must review responses to maintenance requests and determine if the department requires more staff / resources.	Maintenance requests were reviewed by Regional Manager and Social Care Manager on 29.07.22. It was noted that at times Health and safety concerns were not responded to in a timely fashion including the requirement for a new shower door due to a miscommunication between the centre and maintenance department. Core support are due in the centre on 10.08.22 to complete any outstanding requests. Regional Manager will ensure that health and safety issues are responded to immediately and that adequate planning is in place for all other maintenance requests.	Regional Manager will continue to review maintenance requirements when in the centre and via fortnightly service report. Regional manager will ensure that all health and safety issues are responded to immediately and that there are appropriate plans in place to address other maintenance requirements.
	The regional manager and centre manager must ensure that all staff are trained in the use of fire extinguishers in a timely manner.	Fire Safety training was conducted via webinar due to Covid 19 restrictions. In person Fire Safety training has been reinstated inclusive of the practical use of fire extinguishers. 5 staff members are scheduled for in person fire safety training on 30.08.22.	In person fire safety training has been reinstated and will include training in the safe use of fire extinguishers. Quality Assurance Manager and Regional Manager will continue to review training audits to ensure all training requirements are met or adequately planned for.

3	The centre manager and regional manager must ensure all staff members training is brought up to date in relation to physical interventions and that practice reflects actions laid out in documents. Social Workers should be informed that physical intervention cannot be used until this occurs.	The training audit that was reviewed by inspectors was not inclusive of the most recent training dated 31.05.22. The TCI training certs were reviewed by SCM and Regional Manager on 29.07.22 and verified that all certs were up to date and on file for the TCI refreshers held on 29.03.22 and 31.05.22 which brought the team to L3SP with the exception of one staff member who is currently on maternity leave and Centre Manager, recently returned from maternity leave, is scheduled on 18.08.22.	Regional Manager will ensure that all staff members complete physical intervention training as part of TCI. Should a staff member be deemed unable to complete physical restraints, consultation is required with Regional Manager and a medical certification may be required. A risk assessment is then completed by centre manager with risk management plan.
	The centre manager and regional manager must ensure personnel files are kept up to date and contain accurate records of STEM training certs to demonstrate training has been completed and training must be provided in line with policy.	An audit of files was completed post inspection and it was noted that STEM trackers were not on file for some staff. This has been rectified. This was reviewed on 29.07.22 by SCM and Regional Manager and all STEM certs on file are up to date and schedule in place for staff who require further training. A training audit is completed bi-monthly by the Centre Manager. STEM training is recorded on	Personnel file themed audits will be completed by Senior Management and highlight any gaps in training certs. Centre and Deputy Manager will ensure regular review of personnel files in the centre. The Training Policy will be revised to ensure that it accurately reflects how STEM training is delivered and that this will be completed by 31.09.2022.

		this audit and identified for staff who begin their employment in the centre. A STEM tracker is online and this is reviewed prior to completion of the training audit. Centre Manager will ensure that staff are booked onto STEM training as soon as they start with the organisation and advise the Regional Manager if there is any issue with training being required but not available to book	
	The regional manager must ensure that newly recruited staff access modules on the model of care within an appropriate timeframe of beginning employment in the centre.	Senior management are preparing an Introduction to STEM training course to accompany the modular STEM training course in order to give newly appointed staff an opportunity to gain an understanding of the various elements of STEM. This will be implemented by September 30th 2022.	Regional Manager and Quality Assurance Manager will continue to review training audits and provide feedback to the centre management team. Regional Manager will ensure that all training required has been scheduled for staff and if training is required with no available course, Regional Manager will request a course to be scheduled.
	The regional manager must review the current code of conduct and ensure day to day practice is congruent with the	Code of conduct was reviewed by Regional Manager and centre Manager on 29.07.22 date. Phone usage by staff whilst on the	Regional Manager will check in with Centre Management team and young people on an ongoing basis regarding day-

	model of care.	floor with young people was reviewed in Management and team meetings on 05.07.22 and this concern has been addressed. Centre Manager and Deputy Manager continue to monitor and address if required with staff members in supervision sessions and via floor practice oversight	to-day practice to ensure it is congruent with code of conduct and model of care. Regional Manager will also review practice weekly when in the centre. Code of conduct policy is being reviewed at the team meeting on 04.08.22
	The regional manager should meet with young people about concerns raised and take appropriate action.	Regional Manager met with all the young people in the centre on 28.07.22 to discuss concerns raised and assured them that they should speak to her if they have any concerns going forward.	Regional Manager will continue to check in with young people in the Pines whilst onsite and ask more focused questions around their experience/ concerns. Any issues will be followed up as required.
	The centre manager must ensure room searches are identified as a restrictive practice, that they are risk assessed and reviewed appropriately and that the young person is aware of restrictive practices occurring.	Room searches are now identified as a restrictive practice. Risk assessments for room searches are now completed as required. All risk assessments are reviewed in handover, management and team meetings, placement planning, supervision. Communication has taken place with all social work departments who are aware that room searches are	Quality Assurance Manager and Regional Manager review centre monthly reports submitted by the Pines. This report includes all risks for the centre. Centre Manager will ensure that risk assessments are completed as required when room searches are required. Quality Assurance Manager and Regional Manager will continue to oversee risk management in

		restrictive practice and will be updated regularly through young person's placement planning documentation.	the centre.
4	None required	N/A	N/A
6	The regional manager must ensure the centre has access to suitable numbers of staffing to meet the needs of the young people, they must also ensure the centre can access additional staff members from a panel of staff. The centre manager must ensure evidence of adequate proactive workforce planning together with ensuring all documents held within the centre contains accurate and up to date information.	Staffing within the centre has increased in recent weeks, with one new full time SCW and one RSCW having onboarded since the inspection. We are waiting for a further full time social care worker to come onboard. Garda vetting due back on 02.08.22. Regional Manager continues to liaise with recruitment department weekly regarding suitable candidates and interviews are completed promptly. Centre and Regional Manager continue to maintain a strong focus on proactive work force planning, with ongoing recruitment efforts. Centre Manager will ensure that all documents within the centre contain accurate and up to date information. Regional Manager will continue to review	Staffing levels are a top priority for the registered proprietor with additional resources brought in to support and enhance the recruitment department. Regional Manager and recruitment department will continue to conduct weekly meetings and address the centres staffing requirements. Regional Manager will continue to ensure that recruitment and workforce planning is a priority. Regional Manager will continue to support the centre management team in the review of documents to ensure all is up to date and accurate.

		rosters to ensure all information is accurate and any errors identified.	
	The centre manager and regional manager must ensure all complaints by young people in relation to staffing are recorded and managed in line with the organisations formal complaints policy.	Complaints policy was reviewed in team meeting on 23.06.22. Complaint policy and procedure will be reviewed at Senior management meeting 11.08.22 and any feedback provided to the Pines centre Management team. Centre Management will record and manage formal complaints in line with organisational complaint policy.	Quality Assurance Manager and Regional Manager review all formal complaints for the centre and provide feedback. Regional Manager will ensure any feedback from Senior Management meeting on 11.08.22 is communicated to the centre Management team. Regional Manager will continue to review young person's voice through logs, fortnightly service reports, monthly documentation and ensure that all complaints are recorded and managed appropriately.
	The regional manager must ensure robust safeguarding measures are taken and recorded where there are disclosures on vetting forms.	Risk assessment for staff member was reviewed and updated on 29.07.22. Centre Management team will ensure that comprehensive risk assessments are completed and followed for any staff members who have disclosures on vetting forms.	Regional Manager will ensure that any disclosures noted on vetting forms are followed up on accordingly and that risk assessments are reviewed by Senior Management to ensure their appropriateness. Review of personnel files is part of the audit schedule by senior

			management and will capture disclosures and associated safeguarding measures.