



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 132

Year: 2021

Inspection Report

Year:	2021
Name of Organisation:	Daffodil Care Service
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	24th, 25th & 26th August 2021
Registration Status:	Registered from the 20th November 2020 to the 20th November 2023
Inspection Team:	Joanne Cogley Sinead Tierney
Date Report Issued:	16th November 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 monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration on the 20th November 2017. At the time of this inspection the centre was in their second registration and in year one of the cycle. The centre was registered without attached conditions from 20th November 2020 to the 20th November 2023.

The centre's purpose and function was to accommodate 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 two young people in residence at the time of inspection.

1.2 Methodology

The inspectors examined the following theme and standards:

Theme	Standard
2: Effective Care and Support	2.2
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors looked 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 via teleconference 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 regards to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 27th of September 2021 and to the relevant social work departments on the 27th of September 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 14th of October 2021. This was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

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: 132 without attached conditions from the 20th of November 2020 to the 20th November 2023 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

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

At the time of inspection there were two young people residing in the centre. On the day of inspection both young people had an up-to-date care plan. However, one was only received the day prior to inspection and had been outstanding since February 2021 despite centre manager efforts to obtain this. Inspectors spoke with both young people who confirmed they were encouraged to attend their review meetings and where they chose not to, work was completed with them to ensure their views were represented. They also confirmed they received feedback following the review meetings. Both social workers interviewed were of the opinion that the placements were meeting the needs of the young people as set out in their care plans.

Each young person had a placement plan on file that was prepared by their keyworker. These placement plans incorporated goals and were completed on a monthly basis. Inspectors found a number of placement plans for 2021 carried over the same goals each month and a number of education goals on July and August placement plans were irrelevant due to summer holiday period. It appeared these goals were copied and pasted month to month. The centre manager must ensure placement plans are relevant and up to date. The two young people who met with inspectors confirmed they felt they had a say in their placement and were involved in the planning process. The placement plan had a calendar attached to it. This calendar did not allow for forward planning but instead provided a synopsis for what the young person did each day. Inspectors did not see the relevance of this document given there were also daily logs and placement progress reports that incorporated the same information. The centre manager must ensure the placement plan calendar must be reviewed to ensure it has a definitive purpose and that this purpose is reflected in practice. Whilst there was evidence of contact between the centre and parents there was no evidence to show they were specifically asked for input into their child's placement or to contribute to their placement plan. The regional manager and centre manager must ensure the young person's family is provided with opportunities to input into and inform the placement planning process.

Inspectors found that one young person's social work department had requested a specific piece of work to be completed with the young person in a care planning meeting in February 2021 and a report specifically detailing the young person's insight into the issue to be provided to them following completion. Whilst more generalised individual work was evident, Inspectors did not find evidence of this specific individual work being completed with the young person nor a report provided to social workers with the required outcomes. This did not form a specific part of the young person's placement plan. The centre manager highlighted that the reasons for this not being completed was due to the young persons lack of engagement however there was no written evidence to support efforts made. The social worker interviewed could not confirm if this piece of work had been completed as they had only been allocated to the case two months prior to this inspection. The social worker did note they had concerns relating to the identified behaviour discussed and felt there was a need for more to be done to address this between the social work department and the centre. The centre manager must ensure the placement planning records reflect the efforts made to completed pieces of key work with young people that are agreed through care planning.

Inspectors found each of the young people had access to the appropriate specialist services they required. In cases where support was not availed of it was evident this was due to the young person's lack of engagement with services.

While the centre manager highlighted in interview that they felt there was some barriers to communication between the centre and social work departments due to changes in social workers and sick leave, both social workers confirmed they felt there were no communication issues. Emails on file evidenced regular communication between the centre and social work departments. Inspectors spoke with one guardian ad litem (GAL) who confirmed they were kept up to date on all aspects of the young persons care and received regular reports.

Compliance with Regulation	
Regulation met	Regulation 5
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager must ensure placement plans are relevant and up to date.
- The regional manager and centre manager must ensure the placement plan calendar is reviewed to ensure it has a definitive purpose and that this purpose is reflected in practice
- The regional manager and centre manager must ensure the young person's family is provided with opportunities to input into and inform the placement planning process.
- The centre manager must ensure the placement planning records reflect the efforts made to completed pieces of key work with young people that are agreed through care planning.

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Inspectors reviewed the child protection policies in place and found these to be in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre had a child safeguarding statement that was supported by a letter of compliance to say that this had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. The centre manager completed a self-audit checklist on a fortnightly basis and this was received by the regional manager and incorporated child protection concerns. Inspectors found that there

was a quality checklist in place that was completed by the regional manager in relation to safeguarding and child protection. However, the last one completed was dated October 2020 with no evidence of formal auditing of child protection and safeguarding practices in the last eleven months. The regional manager must ensure that formal mechanisms for oversight of child protection and safeguarding practices are reviewed on a regular basis and this is supported by organisational policies.

The centre had an anti-bullying policy in place which accounted for internet and social media usage and the risks associated with same. There were some noted incidents of bullying between residents in the centre at the beginning of 2021 when another resident was living there. Inspectors noted this was addressed through young persons meetings within the centre in relation to treating each other with respect and expectations on following house rules and interactions. Professional meetings were also held to discuss the concerns. Both social workers and one guardian ad litem interviewed confirmed they had no concerns in relation to bullying with the current two residents of the centre.

Staff had received appropriate education and training regarding recognising and responding to allegations of abuse at induction phase. Staff training records evidenced that each staff member had completed training in the Tusla eLearning module: Introduction to Children First, 2017. Two staff members had completed this training over three years ago. Staff members had also completed an organisation specific training in relation to child protection and safeguarding. The centre manager and regional manager stated there was no organisational expectation on staff to renew the Tusla e-learning module but there was an expectation to attend the organisational training every two years. Staff members had completed organisational child protection training in 2020. There is an expectation from Tusla that the e-learning module is refreshed every three years and the regional manager and centre manager must ensure this training is refreshed every three years. During interviews, staff members were aware of the process in relation to reporting issues of concern and were aware of who the designated liaison person was for the centre. Inspectors reviewed a sample of staff files and found two staff members garda vetting had not been renewed since the first quarter of 2018. This was not in line with the centre's policy for renewal of garda vetting. This deficit had been identified and vetting applied for however had not been received at the time of inspection. The regional manager must ensure the organisation's policy for renewal of garda vetting is adhered to.

At the time of inspection there were two young people residing in the centre. Inspectors were informed one young person was reluctant to engage in formal individual work and as such there was limited documentation recorded on file in relation to key-working. In the case of the second young person, there was evidence on file of work being completed relating to internet safety, independent living and smoking cessation. One young person, at the request of their guardian ad litem, engaged in a psychological assessment in July, the findings of which were verbally communicated to the team by the psychologist pending the receipt of a written report. There was no evidence of individual work or updated risk assessments being completed in relation to the areas of concern noted by the psychologist. The social worker for this young person expressed concern to inspectors in relation to the centre's understanding of the seriousness of some of the findings in this report and felt that risk assessments were not adequately updated in relation to this. Inspectors also found that individual areas of vulnerability were not adequately noted in young people's pre-admission risk assessments. The centre manager must ensure all areas of vulnerabilities are adequately risk assessed and responded to.

There had been three child protection and welfare concerns (CPWRF) submitted in 2021, one in March and two in July. Staff members, centre management and regional management could not confirm when interviewed whether or not parents had been notified of these concerns at the time. One staff member was of the opinion that one young person's parent was aware but only because their sibling had made them aware, this was supported by communication documentation sent to inspectors post inspection. There was no evidence to show in relation to a child protection and welfare concern submitted in March 2021 that parents of either young person were informed of the concern. The regional manager and centre manager must ensure there is a formal process implemented for informing parents of allegations of abuse, where appropriate and agreed with social workers.

A CPWRF was recorded in March 2021. Inspectors spoke with the allocated social worker and guardian ad litem (GAL) in relation to this concern. The appointed GAL stated they raised some concerns prior to the incident occurring in relation to the interactions of the young people and offered suggested control measures which were not utilised by the centre. They, along with a number of staff members interviewed noted at the time of the raised concern that the door and window alarms in certain areas of the unit were not in proper working order. Given the nature of the allegation it would have been imperative to ensure these alarms were in good working order. Inspectors reviewed maintenance records post inspection from January to May 2021 and did not find written records of broken alarms or interim risk measures being

implemented pending the fixing of these alarms. Following a period of time away from the centre, the young person in question returned to their original placement and an updated risk assessment was completed however this focused on risk to staff members and did not account for the risk posed or impact to young people remaining in placement which would have been imperative given the nature of concern. The centre manager must ensure after all CPWRFS submitted that adequate risk assessments are completed and updated and shared with relevant parties.

A similar child protection concern was raised in July 2021. During this time inspectors found the centre did not follow Children's First Guidelines in relation to their response to the young person, in particular the importance of listening and responding in a non-judgemental manner. The allocated social worker raised concerns with inspectors in relation to the centre's management of the CPWRF. The social workers concern was around staff members understanding of their own role as social care workers and the role of the social worker in the reporting and investigative process. The social worker stated they had raised these concerns with the centre manager and regional manager. They noted this was specific to the July allegation and had no concerns relating to the handling of the March CPWRF. The centre manager must ensure Children's First: National Guidance for the Protection and Welfare of Children 2017 and their own safeguarding policies and procedures are adhered to when managing child protection and welfare concerns.

All reported CPWRF's were recorded in the centre's formal complaints register along with the centre's significant event notification register. It was noted there was no evidence of the regional manager or quality assurance manager oversight written on the formal complaints register. Both young people stated to inspectors they felt safe in their placement. One young person's social worker stated they felt their young person was safe in placement. The other young person's social worker, as highlighted above in this report was concerned that should the team not take on board the vulnerability of the young person then they may not be adequately risk assessing their safety at all times. The regional manager and centre manager must ensure a professionals meeting occurs to adequately risk assess against all vulnerabilities and ensure social work are satisfied with same.

The centre had a policy on protected disclosures and staff members interviewed demonstrated knowledge of this. The regional manager confirmed the protected disclosures policy had been utilised by staff in the centre earlier in the year and as a result this allowed issues to be appropriately managed. This demonstrated staff members confidence in utilising the policy where appropriate.

Compliance with Regulation	
Regulation met	Regulation 16

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 3.1

Actions required

- The regional manager must ensure that formal mechanisms for oversight of child protection and safeguarding practices are reviewed on a regular basis and this is supported by organisational policies.
- The regional manager and centre manager must ensure Tusla e-learning child protection training is renewed every three years.
- The regional manager must ensure the organisation's policy for renewal of garda vetting is adhered to.
- The centre manager must ensure all areas of vulnerabilities are adequately risk assessed and responded to.
- The regional manager and centre manager must ensure there is a formal process implemented for informing parents of allegations of abuse, where appropriate and agreed with social workers.
- The centre manager must ensure after all CPWRFS submitted that adequate risk assessments are completed and updated and shared with all parties.
- The centre manager must ensure Children's First: National Guidance for the Protection and Welfare of Children 2017 and their own safeguarding policies and procedures are adhered to when managing child protection and welfare concerns.
- The regional manager and centre manager must ensure a professionals meeting occurs to adequately risk assess against all vulnerabilities and ensure social work are satisfied with same.

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

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 management structure within the centre comprised of a centre manager and two social care leaders. This management structure was appropriate to the size, purpose and function of the centre. The management structure was in the process of change at the time of inspection and would incorporate a deputy manager, senior social care leader and two social care leaders, however there were no contract start dates in place. The centre manager was appointed to their role when the centre opened in 2017. Both social care leaders were assigned to their roles in 2017 and 2018. During the course of inspection it was evident that leadership was demonstrated by the centre manager. This was supported through interview with staff members who stated that the centre manager was approachable and supportive. During periods of annual leave the centre manager left a clear delegation record to those covering in their absence with evident follow up upon return.

There were clearly defined governance structures within the centre. All staff interviewed were aware of all management levels within the organisation and were clear on their respective roles and responsibilities. Staff members were of the opinion that senior management were available to them and they felt comfortable should they need to approach them. All staff members interviewed confirmed they had received job descriptions and contracts.

The organisation had both a quality policy and a clinical governance policy. However, it was the conclusion of the inspectors that these were not robust enough to allow for governance and accountability. The policy did not identify who held responsibility for completing audits in line with the National Standards for Children's Residential Centres, 2018 (HIQA), the frequency of these audits being carried out or the responsibility for follow through of actions. The organisation employed a quality assurance manager however there was no reference to this person and their role in the aforementioned policies and staff members interviewed were not clear on the quality assurance role within the centre. The regional manager must ensure the

quality policy and clinical governance policies are reviewed to address deficits identified.

Themed audits in line with the National Standards for Children's Residential Centres, 2018 (HIQA) were undertaken by the centre manager with the support of social care leaders. These had recently been introduced with a review of themes 2 and 4 being completed throughout the month of June 2021. Inspectors reviewed these and found them to be a self-audit checklist and report. Inspectors saw responses provided on some aspects of the audit by the regional manager. As part of the audit process the regional manager confirmed they spoke with staff members but did not speak with young people. The centre manager spoke with the young people in placement and this was used to inform the audit. Inspectors spoke with young people and one young person stated they were not aware of who the regional manager was or their role in the centre. A set auditing schedule for 2021 was provided to inspectors and despite some delay due to Covid 19 it was envisaged that all themes would be covered by January 2022. The schedule did not set out who was responsible for completing these audits with the exception of the human resource manager.

The regional manager provided a number of quality checks on aspects of operations in the centre which they, or the human resource manager, had completed throughout 2021. These included; supervision, infection control, qualifications and personnel files. There was no evidence of care practice related checks or audits for the first half of 2021. Inspectors did not see any evidence of audits completed by the quality assurance manager and the last written record evident on young people's files of the quality assurance manager being present in the centre was in August 2020. The centre manager and regional manager confirmed there was a period of six months in early 2021 whereby the centre manager and regional manager were not present in the centre due to the rising Covid-19 infection rates at the time. During this time the centre manager was reliant on the social care leaders within the centre to communicate any concerns within the centre and the regional manager confirmed they maintained oversight through use of the organisation's cloud-based document system. The regional manager must ensure there are appropriate and timely arrangements in place by personnel external to the centre to assess the safety and quality of care being provided against the National Standards for Children's Residential Centres, 2018 (HIQA).

The centre's policies and procedures were noted to have been updated in August 2021 with a review to occur in August 2023. As noted above inspectors noted deficits in policies that needed to be addressed. Inspectors saw evidence of policies being

discussed as part of a standing agenda in team meetings some of which included protected disclosures policy, admission and discharge policy.

The centre had procedures in place for designated people to contact in case of an emergency and operated an effective on call system. The regional manager confirmed there were appropriate service level agreements in place and that annual reports were provided to the funding body.

The centre had a risk management framework in place. Staff interviewed demonstrated knowledge of how to calculate risk and implement control measures, however, could not identify risks named in the risk register at the time of inspection. The centre maintained two risk registers. One register contained centre specific risks and the other register contained young person specific risks. Written records of oversight showed the centre risk register had been reviewed by the quality assurance manager in July 2020 and the regional manager in August 2021. The young persons' risk register was reviewed by the regional manager once a year and there was no evidence of quality assurance oversight since 2018. There were no risks recorded in this register between March and August 2021 despite risks being identified throughout the course of inspection.

Inspectors reviewed young people's care files and significant event notifications and found a number of risks evident that related to behaviours or life circumstances that required risk assessment. Whilst some of these risks had been identified, the majority had been assessed in the context of Covid-19. Of the 18 risk assessments completed for one young person in the month prior to inspection, 14 of these were all risk assessed in the context of Covid-19 as opposed to supporting the young person. The centre manager and regional manager must ensure the risk management policy is adhered to and that all risk is assessed taking into account the impact on young people, their mental health and their behaviours and not solely in the context of Covid-19 and infection control. Where risk was on the agenda for management meetings, records showed that it was discussed in the context of Covid-19 and infection control.

Inspectors reviewed pre-admission risk assessments and found risks and areas of vulnerabilities identified in young people's social history that had not been adequately taken into account at the pre-admission stage. There was no evidence on file to show this document had been shared with the social worker prior to the young person moving in and this could not be confirmed by social workers interviewed. The centre manager forwarded on email correspondence post inspection confirming a

redacted risk assessment had been shared at the time. The centre manager and regional manager must ensure a robust pre-admission risk assessment is completed prior to young people moving into the centre.

Inspectors spoke with the centre manager and staff in relation to the ongoing Covid-19 pandemic and found evidence of a number of measures that were put in place by the organisation in response to the crisis. Staff members confirmed they had full access to PPE, cleaning materials and sanitiser as required. Inspectors noted that visitor protocols were followed when they attended on site for the inspection process. Social workers interviewed confirmed they were satisfied with the centre's management of covid-19.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The regional manager must ensure the quality policy and clinical governance policies are reviewed to address deficits identified.
- The regional manager must ensure there are appropriate and timely arrangements in place by personnel external to the centre to assess the safety and quality of care being provided against the National Standards for Children's Residential Centres.
- The centre manager and regional manager must ensure the risk management policy is adhered to and that all risk is assessed taking into account the impact on young people, their mental health and their behaviours and not solely in the context of Covid-19 and infection control.

- The centre manager and regional manager must ensure a robust pre-admission risk assessment is completed prior to young people moving into the centre.

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 staff team comprised of a centre manager and two social care leaders together with six social care workers, which at the time of inspection was adequate to support two young people in placement. All staff members were appropriately qualified. The centre utilised three relief social care workers, all of whom were appropriately qualified. Workforce planning was evident within the centre. It was discussed at both internal and external management meetings and took account of annual leave, sick leave and study leave. As discussed under Standard 5.2 it was the intention of the organisation to change the management structure over the coming months and there was evidence of workforce planning to backfill positions that would be available with these changes.

The organisation had a procedure for on call arrangements in the evenings and weekends. This included centre managers and social care leaders rotating on call. Staff members interviewed highlighted this process was effective and they received adequate support if they contacted on call. A record of any significant on call decisions were maintained within significant event notification records.

The organisation had arrangements in place to promote staff retention through the provision of a health insurance scheme, pension scheme and team building days. Inspectors noted there had been very little staffing changes since the previous inspection in August 2020 with the centre maintaining a core permanent and relief staff team. This observation was supported by both social workers and young people who confirmed there were the same people on the team from day to day. Staff members interviewed were clear in saying the crucial aspect to staff retention within the centre was the culture of openness and support the centre manager promoted.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

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

Actions required

- **No actions required**

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 placement plans are relevant and up to date.	The centre manager will ensure placement plans are relevant and up to date. This will be addressed through review at team meeting and through individual supervision sessions with keyworkers and case managers, to be completed by 16/10/21.	Placement planning will be reviewed as part of scheduled audits for 2021 by Regional Manager and Quality Assurance Manager. Centre Manager will review placement planning documentation monthly following case management review process to ensure that placement plans are relevant and up to date.
	The regional manager and centre manager must ensure the placement plan calendar is reviewed to ensure it has a definitive purpose and that this purpose is reflected in practice	The senior management team are assessing the value and purpose of the calendar tool. This review will be completed by 1/10/21 and should the tool remain a feature of placement planning documentation, it will have a definitive purpose that is reflected in practice.	Centre Manager will review placement planning documentation monthly following case management review process to ensure that placement plans are relevant and up to date.
	The regional manager and centre manager must ensure the young person's family is provided with opportunities to input into and inform the placement	Centre Manager will ensure that families are provided opportunities to input into and inform the placement planning process.	Consultation and input from families is a core element of the centre's STEM model of care. To ensure practice is accurately recorded and reflected, the placement

	<p>planning process.</p> <p>The centre manager must ensure the placement planning records reflect the efforts made to completed pieces of key work with young people that are agreed through care planning.</p>	<p>This will be demonstrated through evidence in placement plans supported by Contact sheets.</p> <p>This will be addressed with the Key working teams on 22/09/21 and revised placement planning documentation formally communicated on 8/10/21</p> <p>Centre manager will ensure that all decisions made through care planning are implemented and that key working efforts are recorded on placement planning records. This will be ensured through liaising with Key working teams following care plan reviews and discussing in team meetings. Case management meeting will also be used to review care plans in conjunction with placement plan review and evaluation. To be completed by 16.10.21.</p>	<p>planning documentation will be revised to explicitly record and account for family input.</p> <p>This will be completed and implemented by 8/10/21</p> <p>Centre Manager and Regional Manager will carry out a monthly review of placement plan progression. This will include a review of care plan progression.</p>
3	<p>The regional manager must ensure that formal mechanisms for oversight of child protection and safeguarding practices are reviewed on a regular</p>	<p>The Regional Manager, in consultation with the senior management team, will develop further mechanisms to demonstrate oversight of child protection</p>	<p>The senior management team will review its formal mechanisms to demonstrate oversight of child protection and safeguarding practices. This will be</p>

	<p>basis and this is supported by organisational policies.</p> <p>The regional manager and centre manager must ensure Tusla e-learning child protection training is renewed every three years.</p> <p>The regional manager must ensure the organisations policy for renewal of garda vetting is adhered to.</p> <p>The centre manager must ensure all areas of vulnerabilities are adequately</p>	<p>and safeguarding practices. These will be implemented on 7/10/21</p> <p>The Regional Manager and Centre Manager will ensure that the Tusla e-learning child protection training is renewed every 3 years. This will be added to the existing training schedule To be implemented on 21/10/21</p> <p>Daffodil Care Services policy for garda vetting renewal outlines that Garda vetting will be renewed every three years. A full review of the centre's staff team has taken place and all Garda vetting is now in line with policy. Centre manager will ensure that Garda vetting dates are reviewed monthly, so that renewal required can be identified and acted on promptly.</p> <p>Centre manager will ensure that all areas of vulnerabilities are adequately risk</p>	<p>finalised on 7/10/21.</p> <p>Senior management will add the Tusla e-learning child protection training course to it's list of core trainings that require refreshing. Regular and ongoing training audits will ensure that the course is renewed every 3 years.</p> <p>Regional manager and Quality assurance manager will ensure that garda vetting is reviewed as part of regular themed audits and any required renewals are identified and acted on promptly by Centre manager.</p> <p>Senior management will review risk registers as part of site visits and scheduled</p>
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	<p>risk assessed and responded to.</p> <p>The regional manager and centre manager must ensure there is a formal process implemented for informing parents of allegations of abuse, where appropriate and agreed with social workers.</p> <p>The centre manager must ensure after all CPWRFs submitted that adequate risk assessments are completed and</p>	<p>assessed and responded to. Reports regarding specific vulnerabilities will be reviewed as part of Management and team meetings, with risk assessments plans identified and implemented. A risk management review will take place with the team within a team meeting, to be completed by 16.10.21. Staff knowledge on documentation required and procedure to be followed will be discussed. The centre manager will review this on an ongoing basis and ensure this occurs in all instances, moving forward.</p> <p>All SEN's are notified to parents, where appropriate and agreed with social work. Centre manager will review all SEN's to ensure that that centre staff are adhering to this practice in all instances.</p> <p>Centre Manager will ensure that after all CPWRF's submitted that adequate risk assessments are completed and</p>	<p>themed audits for 2021 and ensure that any vulnerabilities of young people are adequately recorded within risk registers and risk management plans. Fortnightly service and governance reports will continue to be reviewed by the senior management team to ensure an oversight on the recording of risk management plans. All centre risks will continue to be discussed at monthly senior management meetings.</p> <p>SEN's from the centre are sent to the Social work department, relevant professionals and Senior Management. Regional Manager reviews every SEN and provides feedback. Regional Manager will ensure that contact with parents is noted on all SEN's.</p> <p>As part of CPWRF review, Regional manager will ensure that adequate risk assessments are completed, as part of</p>
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	<p>updated and shared with all parties.</p> <p>The centre manager must ensure Children's First: National Guidance for the Protection and Welfare of Children 2017 and their own safeguarding policies and procedures when managing child protection and welfare concerns.</p>	<p>implemented. These will be shared with relevant parties and recorded in the YP files and centre registers.</p> <p>The centre Manager will ensure that children's first guidance and company safeguarding policies and procedures are adhered to when managing child protection and welfare concerns. Children's first: National Guidance for the protection of welfare of children 2017 and company safeguarding policies will be reviewed as part of team meeting, to be completed before 16.10.21 to ensure all staff are confident and competent in this area.</p>	<p>feedback on the SEN. Senior Management audits, will also review CPWRF's and risk assessments, to ensure that all risk assessments are completed as required. stated above all CPWRFs are recorded in the SEN register and this practice will continue with each entry being highlighted.</p> <p>Senior Management will continue to review the management of child protection and welfare concerns through review of fortnightly governance reports, onsite visits, SEN reviews, auditing of registers/ files onsite, to ensure that Children's first guidance and Daffodil care Services policies and procedures are adhered to.</p>
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	The regional manager and centre manager must ensure a professionals meeting occurs to adequately risk assess against all vulnerabilities and ensure social work are satisfied with same.	A professional's meeting has been scheduled for 20/09/21	Regional manager will attend professional meetings for Young people, where required. Regional manager will continue to ensure that all vulnerabilities are reviewed and discussed through daily contact with Centre Manager, weekly site visits, fortnightly reviews and themed audits within the centre.
5	<p>The regional manager must ensure the quality policy and clinical governance policies are reviewed to address deficits identified.</p> <p>The regional manager must ensure there are appropriate and timely arrangements in place by personnel external to the centre to assess the safety and quality of care being provided against the National Standards for Children's Residential Centres.</p>	<p>Senior management will review the quality policy and the clinical governance policy as part of the organisation's effort to improve the auditing framework to better support demonstrable governance and accountability.</p> <p>To be completed by 16/10/21</p> <p>The Regional Manager, in conjunction with the Quality Assurance Manager, will ensure appropriate and timely arrangements in place by personnel external to the centre.</p> <p>Senior management are reviewing its formal mechanisms for demonstrating external oversight and governance. This</p>	<p>Senior management will review its auditing framework to ensure more robust recording and demonstration of governance and accountability. This will be implemented by 16/10/21</p> <p>Daffodil Care Services Senior Management Team has returned to greater onsite presence following COVID-19 restrictions. While the Regional Manager provides feedback to the centre via the completion of themed audits, email and the fortnightly governance report, this approach is being revised to demonstrate more</p>

		<p>review will result in clear demonstration of onsite oversight by external personnel. This process will be implemented on 16/10/21.</p>	<p>comprehensive oversight and will also utilise the additional resources of a Deputy Social Care Manager and a cohort of three Social Care Leaders. This review will result in clear demonstration of oversight and will be implemented on 16/10/21.</p>
	<p>The centre manager and regional manager must ensure the risk management policy is adhered to and that all risk is assessed taking into account the impact on young people, their mental health and their behaviours and not solely in the context of Covid-19 and infection control.</p>	<p>Management acknowledges that risk assessments have been largely focused on Covid 19 and infection control since the emergence of Covid 19 and national guidance. A risk management review will occur within the team meeting, to be completed by 16.09.21. Staff knowledge on documentation required and procedure to be followed will be discussed. The centre manager will ensure that the impact on Young people and their mental health and behaviours is considered, not just in the context of Covid 19. This will be reviewed on an ongoing basis by the centres management team and ensure this occurs in all instances, moving forward.</p>	<p>Senior management will review risk registers as part of site visits and scheduled themed audits for 2021 and ensure that all impacts on young people are adequately recorded within risk registers and risk management plans, and not just in the context of Covid 19. Fortnightly service and governance reports will continue to be reviewed by the senior management team to ensure an oversight on the recording of risk management plans. All centre risks will continue to be discussed at monthly senior management meetings.</p>

	The centre manager and regional manager must ensure a robust pre-admission risk assessment is completed prior to young people moving into the centre.	Centre manager and Regional Manager will ensure that the centre carries out robust pre-admission risk assessments. All pre-admission risk assessments will be reviewed by senior management prior to being circulated externally to ensure they are inclusive of all relevant information.	All pre-admission risk assessments will be reviewed by senior management prior to being circulated externally to ensure they are inclusive of all relevant information.
6	No action required		