



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 166**

**Year: 2024**

## Inspection Report

<b>Year:</b>	<b>2024</b>
<b>Name of Organisation:</b>	<b>Harmony Residential Care</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Unannounced</b>
<b>Date of inspection:</b>	<b>30<sup>th</sup> September, 1<sup>st</sup> and 2<sup>nd</sup> October 2024</b>
<b>Registration Status:</b>	<b>Registered from 12<sup>th</sup> April 2023 to 12<sup>th</sup> April 2026</b>
<b>Inspection Team:</b>	<b>Cora Kelly Catherine Hanly</b>
<b>Date Report Issued:</b>	<b>13<sup>th</sup> February 2025</b>

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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 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 as a preparation for leaving care centre on the 12<sup>th</sup> April 2020. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 12<sup>th</sup> April 2023 to 12<sup>th</sup> April 2026. The ownership of the company had changed since the last ACIMS inspection, and the new registered provider was the named CEO since July 2024.

The centre was registered to provide care and accommodation, in self-contained apartments, for up to four young people aged between 16 and 17 years of age in order to prepare them for leaving care. The centre had commenced a process of changing their model of care and were at the early stage of implementing the Welltree model, a process of which would take three years. The Welltree model focused on the development of healthy relationships that challenged and supported young people without judging them. There were two young people living in the centre at the time of the inspection. A third young person was in the process of moving to the centre.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
5: Leadership, Governance and Management	5.4
6: Responsive Workforce	6.4

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, and other relevant professionals. They failed to speak with the allocated social worker. 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

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 18<sup>th</sup> of October 2024. 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 8<sup>th</sup> of November 2024. Following renovation works to the property between November 2024 and January 2025 the inspectors conducted a visit to the property early February 2025 to evidence the works completed and verified the centres compliance of regulation eight - accommodation and regulation 13 – fire precautions of the Child Care (Standards in Children’s Residential Centres) Regulations, 1996.

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: 166 without attached conditions from the 12<sup>th</sup> of April 2023 to the 12<sup>th</sup> of April 2026 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 property comprised of four self-contained apartments and two offices across three floors with a back yard at the rear of the building. The design and layout of the apartments were aligned to the centres intended purpose which was to ‘strengthen their independent living skills and prepare them for leaving care’. Two young people were residing in two of the apartments with another young person in the process of moving to a third apartment. The fourth apartment accommodated a staff office/ bedroom and a kitchen and dining area for staff and young people to meet. Each apartment had a bedroom, living area, bathroom with shower and a kitchen that was furnished with a fridge-freezer, microwave, hob, oven, tumble dryer and washing machine. A television and broadband were also provided in each apartment. Centre management had an office within the property that was separate to the four apartments that was used by staff to facilitate 24hr sleepover shifts. In interview the centre manager informed the inspectors that the whole property was in the process of being renovated with one apartment having undergone the process and the rest would occur once young people left their apartments. An up-to date schedule of insurance for the property that included professional indemnity and employer, and public liability was provided to the inspectors.

The inspectors had the opportunity to visit two of the young people’s apartments including the recently renovated apartment. One of the young people showed the inspectors their two bedroom apartment which they had cited as being too big for them, a statement made by the young person to a same inspector two years previously. They said they spent most of their time in their bedroom where they watched television and had their gaming equipment. The apartment was found to have been clean as they had tended to it during the inspectors visit to earn part of

their weekly pocket money. They had no wardrobe which resulted in them placing their clothes on the couch in the living area. They reported that they had damaged the wardrobe six months earlier. When onsite the inspectors were informed by centre management that a new wardrobe had been purchased and they were waiting for it to be brought up to the apartment. The centre manager confirmed with the inspectors that since their visit the wardrobe has been replaced. The dining area did not have a kitchen table or chairs, having also been damaged by the young person three months previously. The inspectors were not informed of any plan in having them replaced. The young person showed the inspectors a health and safety issue with the wood floor in the dining area due to poor fitting of the floor. Repair work had been completed on a wall in the dining room had not been repainted. The inspectors did not see any mention of these issues across any maintenance or apartment check records nor was the young person aware of any planned works when asked by the inspectors. In addition to the lack of furniture items the large apartment overall was devoid of any soft furnishings and lacked a homely, comfortable and warm environment. It was not modern as stated in the centres statement of purpose. Centre and senior management informed the inspectors that the apartment would be changed to a staff apartment when the young person moved out of the centre which was planned for later in October 2024.

On the inspectors viewing of the recently renovated apartment that a young person was in the process of moving into, they found the kitchen, dining and bathroom areas were unclean despite having been checked by staff and recorded as being in 'good condition' during their weekly check of the apartment two days prior to the inspectors being onsite. Whilst the flooring had been replaced to a good standard a lot of repair works was required plus items to be purchased some of which were recorded in the maintenance log. The bedroom door and wardrobe had recently been damaged by the young person, broken items were stored in a cubbyhole adjacent to the bedroom, the shower door required replacement, there was no television, wardrobe and blinds or curtains throughout the apartment.

The inspectors had commenced their inspection by interviewing the centre manager in their office. However, due to the extremely high noise levels emanating from the centres CCTV system the inspectors based themselves in the communal area of the staff apartment for their remaining time in the centre. This was not preferable given that it was an area for staff and young people to meet and complete tasks. The CCTV system noise issue had been identified by staff previously as they sleep in the room. The centre manager stated to the inspectors that nothing could be done to reduce the

noise level, and that the CCTV was required. The inspectors recommend that this is addressed if staff are to continue to use the room to sleep.

The inspectors found that the centre was not complying with fire safety regulations and regulation 13 of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 and that this was an ongoing issue. Following an ACIMS visit to the property in March 2023 where fire safety deficits were identified across three areas the previous registered provider provided written confirmation to ACIMS in April 2023 that the fire safety deficits had been addressed. These included fire doors being installed in all protected stairways and corridors and confirmation that they were not compromised. As mentioned above a bedroom door in the recently renovated apartment was damaged. The inspectors identified that it was not a fire door and on further inspection found that other doors in the apartment and property were not fire doors either. This non-compliance with regulation was identified and addressed immediately with centre and senior management and with the CEO of the organisation via a compliance meeting. The inspectors received confirmation from the CEO that a total of 23 fire doors were ordered following the inspectors being present in the centre and would be installed by the 8<sup>th</sup> of November. Further fire prevention works were also planned throughout the property by an external fire company with an expected completion date of 22<sup>nd</sup> of November.

There was evidence of firefighting equipment and the fire alarm system being serviced quarterly by an external company. All staff had been provided with site specific fire safety training that was up to date. Staff carried out daily and weekly checks with no issues noted. Personal emergency evacuation plans were on file for the two young people living in the centre. It was stated in the centres fire policy that fire drills were to occur monthly. The inspectors found that a total of seven had occurred to date this year and they were not being completed when new staff commenced working in the centre or when young people moved to the centre. Of the seven fire drills it was recorded that one young person had participated once in a fire drill. The name of this young person who engaged in the fire drill or of those who refused to engage if any was not recorded. There was no evidence of risk assessments being completed in these latter instances. The inspectors found that three fire drill records were completed retrospectively following an action that arose from a health and safety audit in July. Additional deficits included information on fire evacuation procedures not on display in the hallways of the property or in the individual apartments and the centres overall fire safety records not being maintained in line with legislation and regulations including the Code of Practice for Fire Safety in New and Existing Community Dwelling Houses, 2017. The fire safety deficits highlighted

in this report had not been identified by centre or senior management as part of their auditing responsibilities. Neither were they identified by the external company who reviewed fire safety as part of their health and safety audit of the centre in January 2024. Staff in interview demonstrated poor fire safety knowledge.

The centre did not have an up-to-date site specific safety statement rather a generic one for the organisation that was completed by an external company. This was not in compliance with the centres statement of purpose. The previous owners of the organisation were referenced in the statement in terms of the health and safety roles and responsibilities held by them. A number of relevant and appropriate health and safety risk assessments were on file in the centre with reviews for some outstanding. Staff in interview demonstrated some awareness of the elements contained in the safety statement. Centre management and one social care leader (SCL) were provided with First Aid Responder (FAR) training which has replaced occupational first aid. Two SCL's have yet to be provided with the training and it was not evident from the centres training record that dates had been scheduled for this. For one of these SCL's their basic first aid training expired in April 2024. Of the four SCW's one had been provided with basic first aid training.

In March 2024 the organisation adopted a new approach to managing health and safety. This included all health and safety related records being organised into six folders. A SCW as the appointed health and safety representative held responsibility for ensuring that all health and safety records and were up to date with the centre manager having oversight. The SCW who held the representative role previously was elected by the staff team to return to the role along with another SCW to shadow them for a period of time and then take over the role. Neither had been provided with specific health and safety training outside of health and safety awareness training as part of their induction to the centre. There was no evidence of the monthly site safety meetings having taken place since February 2024.

A number of accidents were recorded in the centres accident book with the first one occurring in 2020. However, the inspectors could not determine if they were reported accordingly or if they were documented in care records appropriately as the records were either unclear or specific reports were not provided during the inspection process. The centre did not have a medicine cabinet to store any type of medication a young person may be prescribed. When addressed with the centre manager the inspectors were told it was not replaced when the previous one was damaged by a young person two years previously. A medication that was prescribed for a current young person was stored in a box in a filing cabinet in the staff office. The centre

manager confirmed with evidence that a medicine cabinet was purchased a week following the inspectors being in the centre. Training in the administration of medication was outstanding for one SCW.

A maintenance person was newly assigned to oversee the maintenance needs of the property. On review of the maintenance register and accompanying maintenance request records the inspectors found inaccuracies in how items identified as requiring repair were managed. Some items were recorded as being fixed however the inspectors found otherwise on their visit to the centre for example the wood flooring. It was clear that not all of the repair work required throughout the centre were recorded in the maintenance register. As mentioned above the staffs weekly check of apartments failed to identify maintenance issues and that they were unhygienic. Overall, there was a lack of centre and senior management oversight across all health and safety areas and realisation of their health and safety responsibilities to the young people and staff in the centre. In follow up with the CEO they stated renovation works across the property would commence once fire safety prevention works were completed.

The centres vehicle was driven by staff who were legally licenced to drive the vehicle and evidence of tax, appropriate insurance and regular servicing was observed during the inspection. On their review of centre records the inspectors identified poor practice in safe driving. It had occurred that a staff on shift named to a colleague that they were too tired to collect a young person from a specific location. The staff member was advised by their colleague to collect the young person in line with their duty of care, to keep the car windows open, get a coffee and was reminded that they were the only driver to complete the task. There was no evidence of the issue having been addressed by centre management. It transpired that the staff member had been completing double shifts and had completed a treble shift at that time. The centre manager did not have a reasonable response when addressed by the inspectors. They reported that the staff member was told to not complete double shifts prior to car safety issue.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5</b> <b>Regulation 14</b> <b>Regulation 15</b> <b>Regulation 17</b>
<b>Regulation not met</b>	<b>Regulation 8</b> <b>Regulation 13</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Standard 2.3</b>

### **Actions required**

- The registered provider must ensure that each apartment is clean, appropriately decorated and adequately furnished and that there is a schedule of oversight to ensure that this is maintained ongoing.
- The centre manager must have greater oversight of all maintenance responsibilities, that an up to date maintenance log is kept and that items identified for repair are tended to timely.
- The registered provider must ensure that the centre is complying with fire safety legislation, relevant building regulations and regulation 13 of the Child Care (Standards in Children's Residential Centres) Regulations, 1996.
- The registered provider must submit to ACIMS a schedule of renovation works for the property once fire safety prevention works are completed.
- The centre manager must ensure that fire safety records comply with the Code of Practice for Fire Safety in New and Existing Community Dwelling Houses, 2017. This includes that complete and accurate fire drill records are maintained.
- The registered provider must ensure that fire evacuation procedures are on display in each apartment and hallways of the property.
- The registered provider must ensure that there is safety statement specific to the centre and that health and safety risk assessments are up to date.
- The centre manager must ensure that an appropriate number of staff are trained in First Aid Responder and basic first aid and that all staff are trained in the administration of medication.
- Senior and centre management must have greater oversight and responsibility of all health and safety matters for the centre, review the role of the

representative to ensure they can perform the many responsibilities connected to the role and ensure that identified health and safety representatives are adequately trained to carry out their function.

- The centre manager must conduct a review of the accident book to determine if accidents were reported accordingly and if they were documented in care records appropriately. A copy of the review is to be submitted to the inspectors.
- The centre manager must ensure that all reasonable measures are undertaken to ensure that staff can safely perform their duties including safe driving.

#### **Regulation 5: Care Practices and Operational Policies**

#### **Regulation 6: Person in Charge**

### **Theme 5: Leadership, Governance and Management**

#### **Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.**

Similar to previous ACIMS inspections of this standard in this centre in 2020 and in a sister centre in April 2024 inspectors found that improvements were required by the centre to strengthen the safety and quality of care provided to the young people. The approach to auditing continued to lack structure in ensuring that all eight themes of the National Standards for Children's Residential Centres, HIQA (2018) were regularly assessed. The inspectors were provided with the organisations 2024 quality assurance plan that was devised by the head of quality, risk and practice. A number of organisational reviews were planned, for example a full organisational policy review, organisational complaint tracker/ pattern review, a review of health and safety policy and procedures and a data protection audit. However, for this centre just two very limited audits were specifically planned. These were scheduled to take place in October and November 2024. Staff in interview spoke of monthly internal audits they completed and gave examples: ensuring practice guidelines were up to date and doing file audits. To the inspectors, these internal audits are essentially reviews of specific pieces of work that are generally associated with their respective internal management roles and responsibilities and were not connected to the quality assurance plan. In interview staff stated that senior management completed audits, but they had no knowledge of these. There was no reference to audits across a sample of team meeting minutes reviewed by the inspectors.



Other mechanism's for reviewing practices included three weekly team meetings and significant event review group meetings (SERG). The team meetings were found to have been held regularly and in line with the agenda many different areas were recorded as being discussed at the meetings. However, the inspectors did not identify learning pieces from the review of a sample of the records. As found by ACIMS inspectors during their inspection of a sister centre in April 2024 the inspectors found a lack of feedback and learning identified from the SERG process. On their review of a sample of SERG records the inspectors found a lack of conclusions drawn from the reviews, a lack of clinical and senior management input and an overall lack of learning to generate change and improvement in practices. Having also reviewed relevant records the inspectors found that learning was not being extracted from the reviews of complaints and significant events either despite the layers of internal and external oversight. Additionally, as commented on significantly in this report oversight by centre and senior management on all records was not robust.

An annual review of compliance had not been undertaken since the centre commenced operations in 2020. This is not in compliance with the National Standards. The head of care provided an template of what the report will look like. The inspectors recommend that it is further reviewed to ensure that the centre is fulfilling its statement of purpose and achieving its objectives. A robust auditing system is required to be established firstly to ensure it can be achieved in the first instance.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 6</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices did not meet the required standard</b>	<b>Standard 5.4</b>



## **Actions required**

- The registered provider must ensure that arrangements are in place to assess the safety and quality of care provided against the National Standards for Children's Residential Centres.
- The registered provider must ensure that measures in place to monitor and analyse complaints and significant events are robust, generate learning and promote improvements.
- The registered provider and centre manager must ensure that there is increased oversight of centre records to improve the safety and quality of care and support to the young people and staff.
- The registered provider must ensure that an annual review of compliance with the centres objectives is undertaken to promote improvements in work practices and achieve better outcomes for young people.

**Regulation 6: Person in Charge**  
**Regulation 7: Staffing**

**Theme 6: Responsive Workforce**

**Standard 6.4 Training and continuous professional development is provided to staff to deliver child-centred, safe and effective care and support.**

Senior and centre management held responsibility for ensuring that staff working in the centre were provided with appropriate training to meet the needs of the young people living in the centre. Staffs training needs were identified upon their induction to the centre and of them being provided with mandatory training. This included training in a behaviour management and crisis de-escalation technique programme, Children First plus the Tusla E-Learning module: Introduction to Children First, 2017, fire safety, administration of medication and first aid, including first aid responder training for those with internal management responsibilities. The centre had recently commenced a process of changing their model of care to the Welltree model that would be implemented over a three-year period. Prior to this the majority of the staff team were trained in the previous model of care.

A supplementary drug awareness training piece had been sourced by the centre manager in response to an identified need. However, to enhance internal pieces of training the inspectors identified further external professional training that should be

secured in response to the young people's presenting behaviours including mental health namely Applied Suicide Intervention Skills Training (ASIST) and safeTALK training. In addition to the centre manager one staff had previously completed ASIST training, and three staff had completed safeTALK training. Greater attention is required here to ensure that safe care and support is provided to the young people. Through the organisations continuous professional development system staff were provided with extensive specific pieces of learning to enhance their knowledge. It was evident that staff were supported to attend training as part of their normal working hours.

The centres training needs analysis (TNA) was a record of mandatory and supplementary training for staff and did not include 'individual level' training as referred to on the record. The inspectors found that the format of the record did not connect to the individual training needs of staff that were identified through the supervision process. This is something to be considered by centre management at the next review of the TNA record. As mentioned earlier in this report training deficits for the current staff team were identified in FAR, basic first aid and administration on medication. A further training deficit included behaviour management. These deficits must be addressed without delay.

The induction policy was updated earlier this year to extend the induction period from two days to two and a half days to allow staff complete online training on the extra date. Of the three staff files reviewed by the inspectors induction records were not on file for one staff with a further record for the newest SCW not provided to the inspectors as requested. Similar to the ACIMS inspection of a sister centre in June 2024 and referred to earlier in this report under standard 2.3 the inspectors found that staff had been assigned duties that they had not demonstrated competency or had been provided with relevant training.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	<b>None Identified</b>

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all standards under this theme were assessed</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 6.4</b>
<b>Practices did not meet the required standard</b>	<b>Not all standards under this theme were assessed</b>

### **Actions required**

- The centre manager must ensure that external training is provided to the staff team, to allow them to safely and effectively respond to the young people's presenting behaviours and needs.
- The centre manager must ensure that staff are provided with all mandatory training and that the training record is up to date at all times.
- The centre manager must ensure that induction records are held on all staff personnel files and that requested induction records are furnished to the inspectors.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered provider must ensure that each apartment is clean, appropriately decorated and adequately furnished.	The daily and weekly cleaning schedule will be reviewed, updated and carried out with the centre team by 15.11.2024. The centre manager will be responsible for conducting daily walkarounds to ensure all tasks are completed to a high standard. Renovation works have commenced in the apartments and all apartments will be appropriately decorated and adequately furnished by the end of January 2025.	As part of the regional managers monthly visit to the centre they will check that the premises is clean, appropriately decorated and adequately furnished. A centre budget is in place to provide funding for any items required. Twice a year, the quality assurance team will audit the centre against standard 2.3.
	The centre manager must have greater oversight of all maintenance responsibilities, that an up to date maintenance log is kept and that items identified for repair are tended to timely.	The centre manager will be responsible for ensuring the maintenance register is maintained, kept up to date and that they communicate all needs to the maintenance manager. The maintenance manager, with immediate effect, is responsible for ensuring that the items for repair are tended to in a timely manner and will review the maintenance log weekly.	The regional manager will review the maintenance log monthly and assess this against the premises to ensure that all maintenance issues are logged, up to date and items for repair are tended to in a timely manner.

	<p>The registered provider must ensure that the centre is complying with fire safety legislation, relevant building regulations and regulation 13 of the Child Care (Standards in Children's Residential Centres) Regulations, 1996.</p>	<p>A building surveyor carried out an assessment of works and all works are currently underway. A statutory declaration of compliance relating to fire safety in community dwellings will be submitted to ACIMS on the completion of all required works. This will be completed by the end of November 2024. The head of care will ensure that all team members will be retrained and inducted into how to carry out all required fire safety checks. The centre manager will be responsible for ensuring these checks are completed in line with the fire safety policy.</p>	<p>Once a year, the fire engineer will assess the centre against Standard 2.3.9 and regulation 13 of the Child Care (Standards of Children's Residential Centres) Regulations, 1996 to ensure the Centre remains compliant with the community dwelling specifications.</p>
	<p>The registered provider must submit to ACIMS a schedule of renovation works for the property once fire safety prevention works are completed.</p>	<p>The registered proprietor will provide a schedule of works once the fire safety prevention work is completed in November 2024. Renovation works will commence immediately after this which will include new flooring throughout including bathrooms, final furnishings and a full repaint of the building.</p>	<p>Not applicable</p>

	<p>The centre manager must ensure that fire safety records comply with the Code of Practice for Fire Safety in New and Existing Community Dwelling Houses, 2017. This includes that complete and accurate fire drill records are maintained.</p>	<p>The centre manager will re-engage in site specific fire training with the team and the procedures for fire checks will be completed during this training. The centre manager will be responsible for ensuring that all records relating to fire safety are maintained.</p>	<p>As part of the regional managers monthly visit to the centre they will ensure fire safety legislation is being complied with and that the policy is being adhered to. Twice a year, the quality assurance team will audit the Centre against Standard 2.3.9 and regulation 13 of the Child Care (Standards of Children’s Residential Centres) Regulations, 1996.</p>
	<p>The registered provider must ensure that fire evacuation procedures are on display in each apartment and hallways of the property.</p>	<p>Once the fire prevention works are completed by the end of November, the evacuation procedures will be on display in each apartment and hallway. The centre manager will be responsible for ensuring that these are on display at all times.</p>	<p>As part of the regional managers monthly visit to the centre they will ensure it is complying with fire safety legislation and that the policy is being adhered to. Twice a year, the quality assurance team will audit the Centre against Standard 2.3.9 and regulation 13 of the Child Care (Standards of Children’s Residential Centres) Regulations, 1996.</p>
	<p>The registered provider must ensure that there is safety statement specific to the centre and that health and safety risk assessments are up to date.</p>	<p>The health and safety statement was updated on the 30/10/24 to reflect the changes within the organisation. Following the renovation works in the centre, the regional manager will request a premises</p>	<p>As part of the regional managers monthly visit to the centre they review the health and safety procedures and risk assessments to ensure these are all up to date. Twice a year, the quality assurance</p>

	<p>The centre manager must ensure that an appropriate number of staff are trained in First Aid Responder and basic first aid and that all staff are trained in the administration of medication.</p> <p>Senior and centre management must have greater oversight and responsibility of all health and safety matters for the centre, review the role of the representative to ensure they can perform the many responsibilities connected to the role and ensure that identified health and safety</p>	<p>review by the health and safety organisation to conduct a full review of the premises. Risk assessment training is taking place with the centre team and the quality assurance team on 22.11.2024 and risk reviews will be a prominent focus of this training.</p> <p>The centre manager has completed a risk assessment with regards to the training deficits of the team and will ensure effective rostering to ensure one team member on shift has the required training.</p> <p>With immediate effect, no employee will be elected as the health and safety rep unless they have the required training. All team members completed health and safety training on the 9<sup>th</sup> and 24<sup>th</sup> of October 2024, and this is now incorporated into the training needs analysis under mandatory training. The</p>	<p>team will audit the Centre against Standard 2.3.</p> <p>The head of care will ensure the schedule of training is comprehensive in respect of need and will be responsible for scheduling additional training as required. Governance with regards to team training needs will take place monthly by the regional manager who will escalate any training deficits to the head of care.</p> <p>As part of the regional managers monthly visit to the centre they will review the health and safety procedures, training needs analysis and ensure that any issues arising in relation to the duties assigned to the health and safety rep are responded to and supported. Twice a year, the quality</p>
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	<p>representatives are adequately trained to carry out their function.</p> <p>The centre manager must conduct a review of the accident book to determine if accidents were reported accordingly and if they were documented in care records appropriately. A copy of the review is to be submitted to the inspectors.</p> <p>The centre manager must ensure that all reasonable measures are undertaken to ensure that staff can safely perform their duties including safe driving.</p>	<p>regional manager will complete a review of the health and safety rep roles and responsibilities with the centre manager and the elected rep by the end of November 2024.</p> <p>The centre manager and the quality assurance manager will conduct a review of the accident book and care records and issue the findings of same to the inspectors. This will be completed by the 22.11.2024.</p> <p>The centre manager will ensure immediately that all team members are rostered in line with the Working Time Act and have adequate breaks. Should an instance arise where a team member remains on duty, a centre risk assessment is completed.</p>	<p>assurance team will audit the Centre against Standard 2.3.</p> <p>There is a new escalation process where all accidents/ injuries for employees and young people will be escalated to the Head of Quality, Risk and Practice, who will ensure the correct procedures are followed in line with Safety, Health and Welfare at Work (General Application) Regulations 2016</p> <p>As part of the regional managers monthly visit to the centre they will review the centre roster to ensure that all team members have their required rest breaks in line with the Working Time Act, 1997.</p>
5	<p>The registered provider must ensure that arrangements are in place to assess the safety and quality of care provided</p>	<p>A new auditing schedule has been implemented. In addition, a full-time quality assurance manager has been</p>	<p>The head of quality, risk and practice will oversee the implementation of the scheduled audits.</p>



	<p>against the National Standards for Children's Residential Centres.</p> <p>The registered provider must ensure that measures in place to monitor and analyse complaints and significant events are robust, generate learning and promote improvements.</p> <p>The registered provider and centre manager must ensure that there is increased oversight of centre records to improve the safety and quality of care and support to the young people and staff.</p>	<p>recruited to ensure full (Theme 1-8) audits against the national standards take place biannually in this centre.</p> <p>A review of the procedures for monitoring and analysing complaints and significant events will take place between the senior management and regional management team by the end of November 2024. New procedures will be identified, such as standalone SER meetings and these updates will be implemented to ensure improvement and to generate learning. The centre manager will be responsible for providing feedback to the centre team via team meeting/ supervision.</p> <p>A full review of the governance mechanisms will take place before the end of November 2024 between the senior management team. All required changes will be implemented by the start of December 2024 to ensure that the oversight on centre records is improved.</p>	<p>The head of care will oversee the revised procedures, ensure they are adhered to and that the updated measures in place to monitor and analyse complaints and significant events are robust and all actions relevant to the new procedures have been met.</p> <p>The regional manager governance meetings will be updated to ensure that there is increased oversight on centre records. In addition to this, twice a year, the quality assurance team will complete two full (Theme 1 to 8) audits against the national standard to increase the oversight of centre records.</p>
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	The registered provider must ensure that an annual review of compliance with the centres objectives is undertaken to promote improvements in work practices and achieve better outcomes for young people.	A review of the annual compliance template will be completed by the head of quality, risk and practice by 15.11.2024 and the annual review of compliance will be completed before the end of December 2024.	The annual audit schedule will include the requirement for an annual compliance audit to be completed annually and the registered proprietor will ensure this is completed every year.
6	<p>The centre manager must ensure that external training is provided to the staff team, to allow them to safely and effectively respond to the young people's presenting behaviours and needs.</p> <p>The centre manager must ensure that staff are provided with all mandatory training and that the training record is up to date at all times.</p> <p>The centre manager must ensure that induction records are held on all staff personnel files and that requested</p>	<p>The centre manager will conduct a review of the current trends of presenting behaviours of the current residents and identify any areas of additional training required. This will be completed by the end of December 2024.</p> <p>The training needs analysis has been fully revised and implemented as of 18.10.2024. The head of care will finalise the training schedule by 20.11.2024 and will ensure all training requirements are met and schedule these to take place as soon as possible.</p> <p>The centre manager furnished the induction records to ACIMS on the</p>	<p>The regional manager will complete a monthly review of trends of behaviour in the centre with the manager and any identified training needs will be implemented.</p> <p>The head of care will ensure the schedule of training is comprehensive in respect of need and will be responsible for scheduling additional training as required.</p> <p>Governance with regards to team training needs analysis will take place monthly by the regional manager who will escalate all training needs to the head of care.</p> <p>A recruitment manager commenced their role on 04.11.2024. The centre manager will be responsible for ensuring all staff</p>

	induction records are furnished to the inspectors.	8/11/2024 and will ensure that induction record are held on staff files.	records are shared with the recruitment manager to ensure they are maintained in staff personal files. Twice per annum, the recruitment manager will audit the centre files with the manager to ensure this issue does not arise again.
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