



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 180

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Daffodil Care
Registered Capacity:	Three young people
Type of Inspection:	Announced themed inspection
Date of inspection:	14th, 15th, 16th and 18th February 2022
Registration Status:	Registered from the 04th November 2020 to the 04th November 2023
Inspection Team:	Linda McGuinness Anne Mc Evoy
Date Report Issued:	30th May 2022

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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 monitor the on-going 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 in November 2020. At the time of this inspection the centre was in their first registration and in year two of the cycle. The centre was registered without conditions from the 04th November 2020 to the 04th November 2023.

The centre's purpose and function was to accommodate three young people of both genders from age thirteen to seventeen years on admission. The centre was granted a derogation to the registration status for one young person as they were under thirteen years of age on admission which was outside of the centre's statement of purpose, 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 several complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention, and daily life events. At the time of inspection there were two young people living in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

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

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

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

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

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 15th March 2022. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The centre manager returned the report with a CAPA on the 23rd March 2022.

The findings of this inspection carried out on the 14th, 15th, 16th and 18th of February 2022 determined that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7: *Staffing*. The centre has been unable to maintain a consistent staff team to meet the needs of children residing in the centre.

In addition, following the receipt of unsolicited information, the registration committee determined the centre did not meet the requirements with Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 5: *Care Practices and Operational Policies* in relation to care practices and the safeguarding of young people in the centre. A compliance meeting took place on 27th April 2022.

As such, it is the decision of the registration committee to register this centre, ID 180 from 04th November 2020 to the 04th November 2023 with an attached condition to under Part VIII Article 61 (6) (a) (i) of the Child Care Act 1991. The condition being:

- There must be no further admissions of a young person under 18 to this centre until assurances are received that there are suitable care practices and operation policies in the centre and evidence of a consistent and stable staff team to ensure the number, qualifications, experience, and availability of members of staff in the centre are adequate having regard to the number of children residing in the centre and the nature of their needs.

This condition is attached to the registration of the centre from the 18th May 2022 and will be reviewed on or before the 18th September 2022.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 17 Records

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.

There were two young people living in the centre. One young person was placed in the centre in December 2020 under derogation as they were under 13 years of age and outside the age range in the statement of purpose. The most recent care plan for this young person was dated January 2022 and it outlined areas of need and focus required through the placement. Inspectors found that monthly child in care review meetings took place in line with the *National Policy in Relation to the Placement of Children Aged 12 Years and Under in the Care or Custody of the Health Service Executive*. The young person did not attend the meetings, but their voice was represented by professionals.

The second young person was placed in the centre in April 2021. Inspectors found there was a significant delay in a child in care review meeting taking place within the regulatory timeframe of two months of the placement commencing. A current care plan was not in place until October 2021. The previous plan was dated July 2020 and was not relevant to this placement. While some delay was explained in the context of Covid-19 and the HSE cyber-attack, this should have been escalated within the social work department to ensure an up-to-date care plan was available to facilitate effective planning. The plan on file at the time of inspection was detailed and comprehensive and outlined individual needs and specific supports required. There was evidence that this young person participated, positively contributed to the care planning process and gave feedback about their placement.

There was evidence that when families were involved, they were invited to contribute and that their views were considered and incorporated into planning documents. It was highlighted that one parent expressed concerns with efforts being made to keep their young person in education.

Both young people had placement plans on file that set out objectives aligned to the care planning process. These were forwarded to social work departments for their

input and agreement. Staff interviewed by the inspectors described some of the individual needs of young people and goals of their placement plans. All staff were responsible for implementing the goals of the placement plan and inspectors found that this was effective in practice for one young person but not the young person subject to derogation. There were deficits in planning for this young person that are detailed below.

There was evidence of planned and targeted key working for one young person and they were involved in setting achievable goals that were regularly reviewed. There was one aspect of their planning that required review in that they were dissatisfied with earning money for complying with basic daily expectations through a behaviour modification chart. While it is acknowledged that this was related to management of risk, inspectors found that this was not age appropriate in that the young person was preparing to leave care. Inspectors recommend that this is reviewed with the young person and the social work team.

Inspectors found that there were significant deficits in respect of planning for the other young person and that concerns about progress were highlighted recently both internally and by professionals outside the centre. Recent deterioration and emerging behaviours of concern were not being adequately addressed within the planning process. While there were many goals set within the placement plan, there was no prioritisation of tasks and inspectors found that there was limited evidence of individual work and keywork on file to address key areas of concern. Inspectors found that significant events had decreased for this young person however, they also noted a pattern whereby many staff were acquiescing to the demands of the young person, and it was difficult to equate the reduction in significant events to progress being made. The social worker interviewed by inspectors stated clearly that they felt the young person not being challenged enough and that the team had reached an acceptance of some of the young person's behaviours. They stated that a consistent approach was necessary, and more was required in relation to setting boundaries. Inspectors concur that there was a lack of consistency and that some members of the team needed more support to follow through on agreed plans. While organisational management accepted the deficits in placement planning, they informed inspectors that they had not received formal correspondence from the supervising social work department that they were concerned about a lack of progress. Inspectors acknowledge that minutes of monthly care plan meetings did not reflect the extent of concerns discussed during inspection interviews.

There was evidence that placement plans were discussed in detail at team meetings and on occasion, in staff supervision, however the actions agreed were not always carried through. Inspectors found that staff supervision required a greater focus on implementation of placement plans to better support them to follow through on agreed interventions and key working. Inspectors found that there was limited evidence of efforts to engage the young person in relation to food, diet and education through key working or other creative approaches.

The young person was not attending any form of education, and this was not being adequately addressed on a day-to-day basis in the centre. For example, agreements that no electronic devices would be allowed during school hours was not followed through. Also, the young person frequently was awake in the early hours of the morning on electronic devices, and this was not conducive to good health and wellbeing or progressing education plans. Meals were also brought to them in their room and inspectors could not see where this was being addressed through placement planning. A centre record reviewed by inspectors found that the young person themselves had stated that they missed school and their friends. They asked that staff get them back to school and to take their electronic devices from them. This insight from the young person was not discussed at the next team meeting. Inspectors acknowledge that all professionals involved have noted the challenge in meeting the young person's educational needs however, much more was required to address this issue in a proactive way through multidisciplinary meetings and through robust oversight of practice in the centre.

Following a review of the care files and interviews with the allocated social worker and the Guardian ad Litem, inspectors found that while there was regular communication between all parties the implementation of agreed interventions required a greater focus in forthcoming review meetings.

The statement of purpose for this centre is short to medium term. It was known that this young person struggles with change, so inspectors recommend that the social work department and centre management review the potential negative impact on them of numerous admissions and discharges.

Inspectors found that appropriate specialist supports were sourced and in place for both young people. Specialists also provided insight to the staff team to assist understanding of a particular diagnosis however the guidance on what staff should do could be more evident. There was evidence that supervising social work departments had also agreed to fund private specialist supports where required.

Compliance with Regulation	
Regulations met	Regulation 5 Regulation 17

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

Actions required

- The centre manager and social work department must ensure that planning for the young person for which the centre was granted a derogation, is reviewed and that immediate actions are taken to implement the goals of the care plan and placement plan.
- The regional manager must ensure that there is greater oversight of placement planning in the centre and ensure that any deficits or lack of progress is reviewed promptly with all professionals.

Regulation 5: Care Practice s 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.

Inspectors found that the organisation had clearly defined governance arrangements and management structures with defined lines of authority and accountability. Each staff member had a job description appropriate to their role. There was evidence of specific induction and training for staff and management.

Following a review of centre records, interviews with staff and external professionals the inspectors found there was strong leadership in the centre. The centre manager was the appointed person in charge and was appropriately qualified and experienced

to undertake the role. They were based in the centre from Monday to Friday and they regularly attended handover meetings and chaired team meetings. They held the overall executive accountability for the delivery of service. There was elements of good leadership and oversight of practice. Inspectors found however, that there should have been a more prompt response both by internal and external management to the deterioration in one young person and also to address an emerging negative team dynamic. Staff should have been held more accountable in supervisions and team meetings for implementing agreed plans for this young person.

The manager was supported by, and reported to, the regional manager. The deputy manager recently left their post, and a person was identified to fill this position. Inspectors were informed that the manager had also resigned at the time of inspection and was working out their notice period.

The centre manager and staff interviewed during inspection expressed confidence in all levels of management stating they were ‘accessible and supportive’. There was evidence that the regional manager had a regular presence in the centre and the assistant director of service covered their maternity leave and visited regularly during this period. There was also evidence of the presence of the operations manager throughout 2021.

In general, inspectors found good systems of governance and oversight across the organisation. The centre manager prepared monthly reports for senior management that covered child protection, risk and complaints. They also completed a self-audit in the form of a fortnightly service governance report that was circulated to senior managers as well as audits of staff training and personnel files. A further child protection audit by senior management took place during 2021. Other audits carried out across 2021 covered themes 2, 4 and 6 of the National Standards for Children’s Residential Centres 2018, (HIQA). Each audit had actions required that were communicated to staff team and were closed out with oversight of the assistant director of service. A comprehensive audit plan for 2022 was provided to inspectors.

Inspectors noted that the theme 6 audit was not entirely aligned to the requirements of the national standards as it did not capture all key aspects of this standard such as workforce planning. The quality assurance manager visited the centre in April and May 2021 however there were no audits by this person and their oversight or quality assurance of self-audits was not evident to inspectors. Staff interviewed were not familiar with the role of this person. While key areas of service provision were

audited throughout the year the audits did not cover all themes of the National Standards for Children's Residential Centres. 2018 HIQA.

Inspectors found that an allegation made by one of the young people was only reported initially for that young person and there was a delay of one week before it was reported through the Tusla Portal for the other young person. This child protection welfare referral related to allegations about the actions of staff members. Inspectors also found that an internal investigation took place into this issue and was ongoing at the time of inspection. It should be noted that supervising social work departments for the young people gave permission for this to take place to gather information. This investigation commenced while the issue was awaiting screening and investigation by duty social work to determine if young people had come to any harm. This process cannot be concluded while a child protection referral is open. Post inspection, the registered proprietor wrote to the inspection team to confirm that it would not be concluded until the other process was complete.

Inspectors found from review of documents that there were deficits in how staff utilised the protected disclosures policy and this must be addressed by senior management as a matter of urgency. Both social work process and organisational review relating to this issue was ongoing at the time of this inspection.

Inspectors reviewed a range of centre records including team and management meetings, significant events and staff supervision and found that a culture of reflection was generally evident although actions requiring follow up were not always attended to. There were some gaps where the frequency of supervision was not aligned to centre policy.

There was regular review of policies and procedures in place to ensure that practice was guided by up-to-date legislation, national standards and national policy. The last review of policies took place in October 2021 and there was evidence that these were also discussed in team meetings and supervision.

Inspectors found that actions arising from inspections were discussed at management and team meetings and there was evidence that learning from other inspections were implemented across the organisation. Three exit interviews reviewed by inspectors indicated that improvements were required in the induction process, but it was not clear what changes if any were implemented. Specific actions and discussions arising from exit interviews, or the staff forum should be evident in management meetings or service improvement plans.

The organisation was procured to provide a service to the Child and Family Agency through Tusla's national private placement team (NPPT). An annual compliance report was submitted to NPPT and there was regular communication between both parties.

There was a risk management policy and framework in place as required. Staff interviewed during inspection were familiar with the matrix in place and how the centre managed corporate, site specific and individual risks. There was an effective pre-admission risk assessment process which included individual and collective risks, control measures and required actions. It was noted however, that one young person was admitted on a respite basis for one month whilst awaiting another placement. This was not in line with the statement of purpose and no derogation was requested or granted. Staff were familiar with current risks for the young people. Inspectors were satisfied that these risks were comprehensively risk assessed, managed and monitored with specialist input if necessary. This was confirmed in interview with supervising social workers.

Inspectors found evidence of oversight of risk by senior managers through governance reports, self-audit review, management meetings, and their visits to the centre.

Inspectors found that the risks associated with the Covid-19 pandemic were well managed across the organisation. There was prompt and regular access to personal protective equipment, cleaning materials and sanitiser. There was a cleaning schedule in place. Policies and protocols were reviewed and updated in line with guidance and advice from the National Public Health Emergency Team and government guidelines. Organisational management had approved a capital works programme for a new games room and extra storage in the centre.

Inspectors found that the management structure was appropriate to the size and purpose of the centre. There was an on-call policy and procedure to assist staff to manage any crisis situations outside of office hours. The centre manager and regional manager were satisfied that staff were familiar with the thresholds for using the on-call service.

There were appropriate arrangements in place to provide cover when the manager took periods of leave. There was a delegation log that recorded management tasks assigned to other qualified personnel. When the regional manager took leave a named person was assigned as a contact person for the centre manager.

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 were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards were assessed

Actions required

- The centre manager must ensure that all issues relating to child protection are reported promptly in line with Children First, National Guidance for the Protection and Welfare of Children, 2017.
- The registered provider must ensure that Children First, National Guidance for the Protection and Welfare of Children, 2017 is followed at all times.
- The centre manager must ensure that all staff are held accountable for implementing decisions agreed in planning meetings. This must be subject to review by senior management and early action taken if deficits are noted.
- The registered provider must ensure that centre audits capture all requirements of the National Standards for Children's Residential Centres in line with centre policy.
- The registered provider must ensure that all staff are fully aware of their obligations under the protected disclosures policy. The review currently being undertaken must consider why staff did not utilise the policy correctly.
- The registered provider must ensure that actions discussions and actions arising from exit interviews are evident across management meetings or service improvement plans.
- The registered provider must ensure that all admissions are in line with the centres statement of purpose or subject to an approved derogation.

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.

Inspectors found that there have been significant staff and management changes since the centre was registered in November 2020. Only two of the original staff team were still working there and there were 11 changes in total. Also, the centre manager had just resigned, and this meant the appointment of a third manager since registration. At the time of inspection, the centre was experiencing significant staffing issues with the deputy manager, a social care leader leaving and two staff placed on extended leave. The regional manager contacted the inspection team prior to inspection to outline a contingency plan to ensure adequate staffing until all positions could be filled. Some replacement staff were identified and being processed through the normal vetting procedures.

Inspectors found that one staff member who was appointed in April 2021 did not hold a social care or relevant qualification and should not have been employed. The registered provider did not conduct due diligence in recruitment processes. This person had a base degree in a completely unrelated field and held only 60 credits towards a social care qualification.

The staffing complement provided during inspection consisted of a social care manager, deputy social care manager, three social care leaders and five social care workers. This was less than described in the statement of purpose and the contracting arrangement that set a staffing complement of three full time permanent Social Care Leaders, seven full time permanent Social Care Workers with access to a panel of a minimum of two Relief Social Care Workers. The deputy manager had worked a mix of office hours and covering shifts. Senior management confirmed that this was agreed with the National Private Placement Team but that the overall aim was to ensure they are fully off shift work supporting the administrative, management & oversight needs of the centre. Following inspection, information was received to state that the staffing complement outside of management would be four social care leaders and four social care workers with two dedicated relief staff as soon as all vetting was processed.

The 2021 inspection report for this service had two actions requiring attention in respect of maintaining a stable and consistent staff team having adequate relief staff. A condition was attached to their registration because of staffing issues following this inspection. Both issues still require attention at the time of this inspection. Inspectors found that both young people had expressed dissatisfaction at the high number of staff they were familiar with, leaving the centre. These were not recorded or processed as complaints, and while insufficient staffing was periodically recorded on risk registers provided, it was never in the context of impact on young people until highlighted during inspection. One young person also spoke to inspector told them that they found staff changes ‘very hard – you meet people and never see them again’ and that ‘staff fill in from other houses and you would not know them well’. Another young person fed back information through individual work to inspectors and stated that ‘some people leaving has been fine and they do not care but for other people leaving it has been not so fine’.

There was evidence that workforce planning was discussed at team meetings and senior management meetings. The HR department conducted a review in June 2021 of all staff who had left in the previous 14 to 16 months and this was followed up with a meeting of managers to share learnings from the outcome.

Inspectors found however, that a theme 6 audit conducted by management did not adequately assess the requirements of the standard or place a strong enough emphasis on workforce planning. Annual leave and other planned leave in the centre was generally covered by the core team. This worked by utilising a short-term roster whereby staff give one month notice for leave requirements and the rota was planned only one month in advance. Inspectors found from review of team meetings, supervision records and other centre records that staff had requested a rolling roster where they would be aware in advance what shifts they would be covering. Senior managers stated that while this was desired that it was not possible to implement this at present time. One exit interview noted the rota as a contributory factor in leaving as well as an expectation to cover extra hours and unpredictable pay. Other documents reviewed during inspection also pointed to staff being asked to cover hours at short notice. There was just one dedicated relief staff member and inspectors were informed that another was commencing imminently. Social workers interviewed during the inspection process were not fully aware of the high level of turnover of staff and expressed concern to inspectors as both young people required stability and consistency. The model of care also relies on conducting work with young people through relationships and this is negatively impacted by a constantly changing staff team. As a matter of priority, the registered provider must ensure that

there are sufficient numbers of contracted and relief staff to take account of annual leave, sick leave and contingency cover for emergencies.

Inspectors were informed that there was an emphasis on staff retention at senior management level, and efforts were being made to maintain a stable core team. The company have implemented a contributory health plan, paid maternity leave under certain conditions, increments, team building days and an educational fund. There was a staff consultation forum in place. During inspection interviews, staff noted some positive areas of working in the company such as training and support plans and acknowledgement for working through difficult periods in the Covid 19 pandemic. From interviews and a review of records it was clear they also highlighted areas that they would like to see improvements such as work life balance, rolling rosters and better pay scales. There was an employee assistance programme to support staff if required.

The inspectors found some staff had the necessary competencies and experience to meet the needs of the young people currently in placement however the inconsistent approach in respect of planning for one young person required greater focus and support at a team and individual level.

Double cover was always provided. At the time of inspection two staff members worked a twenty-four-hour shift and slept overnight in the centre. When a third young person was resident there was also a day shift in place. Inspectors found that there were periods where staff worked a day shift having completed a 24-hour sleepover or staff worked two overnight shifts back-to-back. These measures were not implemented because of a Covid outbreak. Management described these measures as working for the routine of the centre and reducing staff travel time. This is not best practice and double shifts must not be utilised for expediency or as a matter of course. There was a dedicated time each morning for handover of information to staff coming on shift.

There was a formal on call policy and procedure in place, staff confirmed that this was effective and reliable and that they understood the thresholds for contacting the person on call.

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

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

Actions required

- The registered provider must ensure that there are sufficient numbers of contracted and relief staff to take account of annual leave, sick leave and contingency cover for emergencies.
- The centre manager must ensure that expressions of dissatisfaction by young people about staff turnover are managed as complaints, appropriately risk assessed and responded to.
- The registered provider must ensure that all staff have a social care or equivalent qualification in line with the Alternative Care Inspection and Monitoring memo on staffing numbers, experience and qualifications (February 2020).
- The registered provider must ensure that all staff are provided with the guidance and training to develop competencies required to meet the needs of young people living in the centre.
- The registered provider must ensure that staff do not work back-to-back shifts

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager and social work department must ensure that planning for the young person for which the centre was granted a derogation, is reviewed and that immediate actions are taken to implement the goals of the care plan and placement plan.	Child in Care Review meetings took place on the 24.02.22 & 22.03.22. These meetings focused on reviewing and implementing the placement plan in line with the care plan. Social Worker was invited to meet the young person in the centre, attend a team meeting, and review documentation. Another child in care review meeting is scheduled for 26.04.22 ICSPP, IAMP and placement plan were reviewed and updated on 01.03.22. The regional manager will carry out a placement planning review and support the team with implementing findings. This will be completed by 31.03.22	Monthly Child in Care Review meetings to continue. The regional manager will carry out a placement planning review each quarter to monitor and support the team in ensuring care plan goals are being met. Social worker to be invited to attend centre to meet with young person, attend team meetings, and review documentation.
	The regional manager must ensure that there is greater oversight of placement planning in the centre and ensure that any deficits or lack of progress is reviewed promptly with all	The regional manager has completed a full review of the young people's placement plans, practice documents and progress reports on the 01.03.22. Feedback and guidance has been provided	The regional manager will continue to be on-site at least twice per week to ensure greater oversight of placement planning within the centre. The regional manager will carry out a

	professionals.	to the team via formal supervision, Centre monitoring report, attendance of team and management meetings on 21.02.22, 10.03.22 & 23.03.22. The regional manager will carry out a further placement planning review and support the team with implementing findings. This will be completed by 31.03.22 and share with professionals.	placement planning review each quarter to monitor and support the team in ensuring care plan goals are being met. The regional manager will attend child in care review meetings to ensure greater oversight.
5	The centre manager must ensure that all issues relating to child protection are reported promptly in line with Children First, National Guidance for the Protection and Welfare of Children, 2017 The registered provider must ensure	The centre manager accepts responsibility for a delayed submission of a CPWRF. The centre manager will ensure all issues relating to child protection are reported promptly. Regional manager reviews all significant event notifications, while individually assessing if the nature or information meets the criteria to complete a Child Protection Welfare Report under the Children First, National Guidance for the Protection and Welfare of Children, 2017 The registered provider will ensure that	Regional manager will review all significant events and will ensure that where appropriate, child protection issues are reported in line with Children First. Management and staff will continue to train and refresh Children First and Child Protection Training. This will be completed / refreshed with all staff by the 10.04.22. The regional manager will review all

	<p>that Children First, National Guidance for the Protection and Welfare of Children, 2017 is followed at all times.</p> <p>The centre manager must ensure that all staff are held accountable for implementing decisions agreed in planning meetings. This must be subject to review by senior management and early action taken if deficits are noted.</p>	<p>Children First, National Guidance for the Protection and Welfare of Children, 2017 is followed at all times.</p> <p>The centre manager and senior management team recognise accountability as a cornerstone of best practice.</p> <p>The regional manager has completed formal supervision with all staff members from the 01.03.22, in which placement planning for the young people was critically reviewed and focused upon, ensuring accountability.</p> <p>The regional manager has chaired all staff meetings from the 01.03.22 onwards, placing specific focus upon the planning and practice with the young people, while ensuring individual accountability. The senior management team have been informed of the centre's progression with</p>	<p>significant events and child protection notifications. The Regional manager will monitor and provide support to centre management to ensure Children First, National Guidance for the Protection and Welfare of Children, 2017 is followed at all times.</p> <p>The regional manager will be onsite at least twice weekly with a focus on ensuring accountable practice. This will include attendance at handover, team meetings, formal supervision of Social Care Manager, attendance at child in care review meetings, and review of placement planning documentation.</p> <p>Senior management will review keyworking input and monthly placement planning along with case management oversight as part of an audit process. This will occur by 30th April 2022. Where any deviation from the agreed plan is evident, the organisation's risk framework will reflect this with an identified action response.</p>
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		individual accountability via weekly reporting and onsite presence.	The regional manager will carry out an in-depth review and oversee all supervisions, team & management meetings until July 2022 and will facilitate two group supervision sessions with the team up to September 2022 to ensure a change in culture and practice is adopted and evident in practice.
	The registered provider must ensure that centre audits capture all requirements of the National Standards for Children's Residential Centres in line with centre policy.	The quality assurance manager has reviewed the auditing schedule for 2022 and amended it to ensure that centre audits capture all requirements of the National Standards for Children's Residential Centres in line with centre policy.	The quality assurance manager has devised an auditing schedule for 2022 with the inclusion of a number of oversight and governance reports / reviews, self-auditing tools, staff & young person interviews which capture all of the requirements of the National Standards for Children's Residential Services.
	The registered provider must ensure that all staff are fully aware of their obligations under the protected disclosures policy. The review currently being undertaken must consider why staff did not utilise the policy correctly.	The protected disclosures policy was reviewed in a team meeting on 16.12.21. This was reviewed again at team meeting on 10.3.22 where it was evident that the policy was not fully understood by the staff team. The protected disclosures policy has been	The protected disclosure policy has been reviewed within the team meeting on the 10.03.22 and subsequently through formal supervision. Policy review at team meetings will be reviewed to ensure that policies are read in advance and centre management will

		<p>in focus throughout all staff formal supervisions and all staff will be fully aware of their obligations by 06.04.22.</p>	<p>ensure full understanding through the delivery of pop quizzes and other means. In addition, staff interviews will be conducted by the regional manager and the quality assurance manager by the 18.04.22, with all staff for the purposes of understanding the rationale for not utilising the protected disclosure policy as required, an outcome report will be issued to senior management on April 25th 2022.</p>
	<p>The registered provider must ensure that actions discussions and actions arising from exit interviews are evident across management meetings or service improvement plans.</p>	<p>The registered provider ensures that findings from exit interviews are captured and shared with the senior management team on a quarterly basis. Findings are discussed within the senior management meetings where agreed changes can be implemented within the organisation. The most recent exit interview review held was in February 2022 where changes were made to the format and further staff initiatives were agreed to support staff retention.</p>	<p>Exit interviews are due for review in July 2022. Findings will be presented and discussed within August 2022 senior management meeting.</p> <p>A recruitment manager was recently appointed to support the recruitment process with a further focus on staff retention measures.</p>

	<p>The registered provider must ensure that all admissions are in line with the centres statement of purpose or subject to an approved derogation.</p>	<p>The registered provider accepts one admission was not in line with the centre's statement of purpose and function and required consideration for a derogation.</p> <p>The provider will ensure that all admissions are in line with the centres purpose and function.</p>	<p>Consultation and/or derogation application will be sought for very short term / respite placements.</p>
	<p>The registered provider must ensure that there are sufficient numbers of contracted and relief staff to take account of annual leave, sick leave and contingency cover for emergencies.</p>	<p>The registered provider will ensure sufficient numbers of contracted and relief staff to take account of leave and emergencies.</p> <p>The registered provider has appointed a dedicated recruitment manager to support the recruitment team and the marketing manager in ensuring there are adequate appropriately qualified staff for the centre.</p> <p>The centre currently has a Social Care Manager, Deputy Manager, 3 Social Care Leaders, 5 Social Care Workers, and 2 Relief staff.</p> <p>The recruitment team is active in identifying additional staff to support the service.</p>	<p>Recruitment for the centre will remain a priority of the recruitment department. Recruitment progress is reviewed on a weekly basis between the recruitment department and senior management via weekly recruitment report and meetings. Additional advertising resources have been utilised and a suite of staff initiatives are being introduced for all employee from March 31st, 2022, for the year end to assist with staff retention in addition to the current staffing benefits in place</p>

	<p>The centre manager must ensure that expressions of dissatisfaction by young people about staff turnover are managed as complaints, appropriately risk assessed and responded to.</p> <p>The registered provider must ensure that all staff have a social care or equivalent qualification in line with the Alternative Care Inspection and Monitoring memo on staffing numbers, experience and qualifications (February 2020). There must be an immediate plan for an unqualified staff member to receive extra supports and attain an appropriate qualification.</p> <p>The registered provider must ensure that all staff are provided with the guidance and training to develop competencies required to meet the needs of young people living in the centre.</p>	<p>The centre manager will ensure that expressions of dissatisfaction by young people about staff turnover are managed as complaints.</p> <p>The registered provider will ensure that all staff are appropriately qualified in line with the ACIMS memo 2020. One staff member with a higher diploma in social care was found to have a base degree unrelated to Social Care and as such is unqualified. The registered provider is committed to working with this staff member to address the issue.</p> <p>The registered provider is committed to ensuring that staff receive guidance and training to support them in their work. This is achieved through a comprehensive induction plan, training needs assessment, and support and guidance from centre</p>	<p>The centre manager will review daily logs to ensure that expressions of dissatisfaction are captured and addressed appropriately by the service. The complaints policy will be reviewed within the team meeting on the 06.04.22</p> <p>All future appointments will be in qualification in line with the Alternative Care Inspection and Monitoring memo on staffing numbers, experience and qualifications (February 2020).</p> <p>The training needs of the centre will continue to be reviewed on a bi-monthly basis and discussed within the centre managers supervisions. Additional training will be provided where required.</p>
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	<p>The registered provider must ensure that staff do not work back-to-back shifts</p>	<p>management and senior management. In addition, the regional manager will be onsite at least twice per week to support centre management in providing guidance and training as the team develops.</p> <p>The centre has ceased the practice of staff doing double shifts unless in an emergency. This practice is risk assessed and approved by senior management prior to rostering. Implemented 01.03.22</p>	<p>The registered provider will ensure that emergency rostering are risk assessed and approved by senior management</p>
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