



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 006**

**Year: 2019**

Registration and Inspection Services  
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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2019</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>16<sup>th</sup> and the 17<sup>th</sup> of September 2019</b>
<b>Registration Status:</b>	<b>Registered from the 13<sup>th</sup> of March 2018 to the 13<sup>th</sup> of March 2021</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Lorna Wogan</b>
<b>Date Report Issued:</b>	<b>18<sup>th</sup> December 2019</b>

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## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)); the Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by on-going demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and

verification of an application for registration and where it is an application for the initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

## 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 March 2015. At the time of this inspection the centre was in their second registration and in year two of the cycle. The centre was registered without conditions from the 13<sup>th</sup> of March 2018 to the 13<sup>th</sup> of March 2021.

The centre's purpose and function was to accommodate four young people of both genders from age thirteen to seventeen years on admission. At the time of inspection there were three young people resident in the centre. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provided a framework for positive interventions. STEM draws on a number of complementary philosophies and approaches including circle of courage, response ability pathways, therapeutic crisis intervention, and daily life events.

The inspectors examined standard 2 'management and staffing', standard 6 'care of children and young people' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was announced and took place on the 16<sup>th</sup> and the 17<sup>th</sup> of September 2019.

## 1.2 Methodology

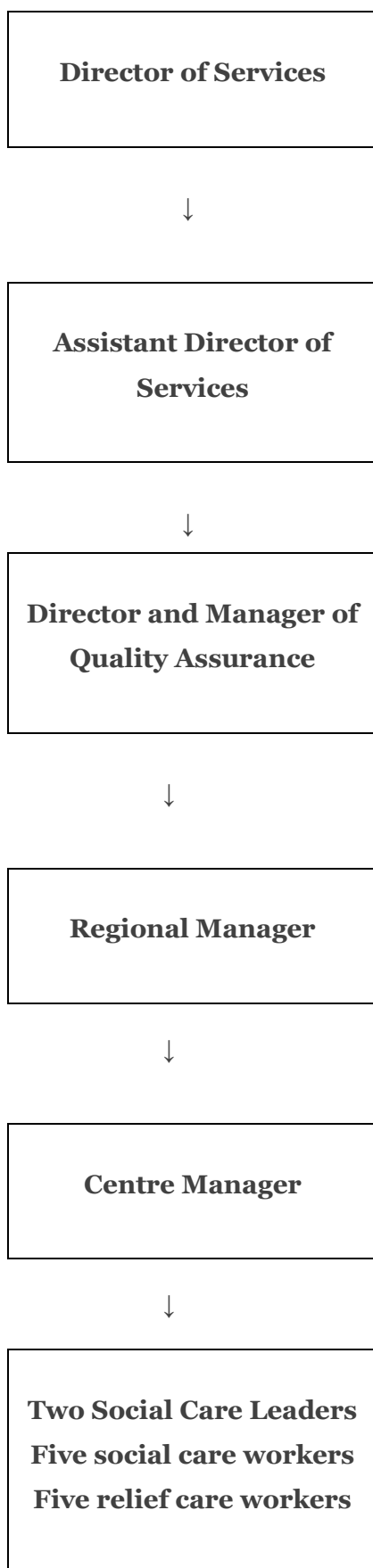
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
  - a) The director of services
  - b) The assistant director of services
  - c) The regional manager
  - d) Nine of the care staff
  - e) Two of the young people
- ◆ An examination of the centre's files and recording process:
  - The young people's care files
  - Staff personnel files
  - Supervision records
  - Training records
  - Staff team meeting records
  - House meeting records
  - Handover meeting records
  - Management meetings
  - Centre register
  - Significant event register
  - Health and safety records
  - Centre audit reports
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively:
  - a) The regional manager
  - b) The centre manager
  - c) Three staff members
  - d) One young person
  - e) The social workers with responsibility for the three young people residing in the centre
- ◆ Observations of care practice routines and the staff/young people's interactions

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.

## 1.3 Organisational Structure





## 2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, regional manager and the relevant social work departments on the 31<sup>st</sup> October 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 04<sup>th</sup> November 2019 and the inspection service received evidence of the issues addressed.

This report notes that at the time of inspection the centre did not meet the regulatory requirements in accordance with the Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 13, Fire Precautions. Subsequent to the inspection, a visit to the premises was conducted by inspectors to review actions taken to address issues raised in the report. The centre is now deemed to be compliant in this respect.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to grant continued registration for this centre, ID Number 116 without conditions from the 13<sup>th</sup> of March 2018 to the 13<sup>th</sup> of March 2021 pursuant to Part VIII, 1991 Child Care Act.

## 3. Analysis of Findings

### 3.2 Management and Staffing

#### ***Standard***

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### **3.2.1 Practices that met the required standard in full**

##### **Register**

A register of all those who lived in the centre was maintained by the centre manager. The inspectors examined the centre register and found that the admission and discharge details of residents were properly recorded in accordance with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

##### **Notification of Significant Events**

The inspectors examined the significant event records, and were satisfied that the significant incidents affecting young people living in the centre were notified to the Child and Family Agency. Social workers interviewed by the inspectors confirmed that they received written reports and were notified promptly. Significant event reports were maintained on the individual care files and the centre maintained a log of all significant events. There was a significant event review group in place to review serious incidents which consisted of centre managers in the region and the regional manager. This group met monthly to review serious incidents that occurred in the centres identifying learning opportunities for the staff teams.

##### **Supervision and support**

The centre had a supervision policy which stated that individual supervision was provided for staff every four to six weeks. The centre manager supervised the full time staff team and the two social care leaders supervised the relief staff. The manager received formal supervision from the regional manager who also offered support through regular phone contact and visits to the centre. Each member of staff had a supervision contract that set out the terms, expectations and arrangements for supervision. The agenda was shared and supervision records were typed. The manager kept the supervision records in a secure locked cabinet. The inspectors

reviewed a number of supervision files and noted that they contained detailed records on placement planning, key working and the overall progress of the young people. There was a strong focus on staff development, support, and evidence that practice concerns were being addressed in an open and honest manner. As an additional support staff could request supplementary supervision which was also recorded and staff in interview stated that they found this very beneficial. The centre had a number of support mechanisms in place including an on call system and there was good evidence of review and debrief following serious incidents.

Team meetings took place fortnightly. The inspectors reviewed records of team meetings and found that they were chaired by the centre manager and were well attended overall. The meetings were focussed on the young people's progress along with a number of standing agenda items such as health and safety, policies and procedures, the centres model of care (STEM) and training. The inspectors recommend that complaints and child protection concerns should also be included as standing agenda items at team meetings.

Shift handover meetings occurred daily. An inspector attended a hand over and was satisfied that good communication and sharing of information about the young people had taken place. Staff going off duty conducted a shift evaluation focussing on their interactions with the young people and their effectiveness as a staff team identifying areas for improvement which is good practice. The handover records were signed by the centre manager who was usually present at handovers to provide input as required.

### **Training and development**

The service provided a comprehensive training and support programme to staff. Training records provided to inspectors evidenced that all full time employees had the core training in child protection, fire safety, first aid and a recognised model of physical intervention and de-escalation. A number of relief staff did not have all the required training in fire safety and first aid. Inspectors found dates scheduled on these staff members files for this training to be completed.

The majority of the team had also had training in STEM the centres model of care. The inspectors found that the staff interviewed were familiar with the core principles of the STEM model of care and were able to demonstrate its application in their work with the young people, which was also evidenced on files. Staff members interviewed stated that there were good training opportunities provided by the organisation. Additional training received by staff in the period under review included self-harm, sexual health, report writing and placement planning.

### **Administrative files**

The administrative files were examined by the inspectors and the key records were in evidence. The recording system was well organised and accessible so that it facilitated effective management and accountability. There was evidence that the manager and external managers were monitoring the quality of records. The centre had arrangements in place for the archiving of files

The manager oversaw the budget in the centre and was satisfied that it was adequate to meet the needs of the three young people in placement.

### **3.2.2 Practices that met the required standard in some respect only**

#### **Management**

Inspectors found that there was a clear management structure in place both within the centre and externally at senior management level within the organisation. At the time of inspection, the manager was in post for four months and held a qualification in a field related to social care. The manager reported to a regional manager who had previously managed the centre. The regional manager had responsibility for induction of the manager and informed inspectors of an increased on site presence at the centre and availability to the manager since their appointment. The manager reported that they received a comprehensive induction and significant training after being appointed centre manager.

The manager worked office hours from Monday to Friday and had responsibility for on-call manager arrangements which operate on a rotational basis with other managers and social care leaders in the organisation. Inspectors found that there were various mechanisms in place through which the manager oversaw practices in the centre and ensured staff accountability. These included supervision of the staff team, chairing team meetings, observation of staff practice, interaction with young people and oversight of centre records. The manager was supported in their role by two social care leaders and there was evidence of regular internal management meetings taking place. The inspectors reviewed the minutes of these meetings and found that they were purposeful and agenda items included a review of young people's meetings, staff practice on call and training. External managers also had oversight of these meetings and there was evidence that issues requiring action were followed up. Staff interviewed by inspectors stated that the manager was very supportive of their practice and supervising social workers were satisfied that the centre was well managed.

There was a significant amount of oversight by the centre manager and line managers for the service on the care files held in the centre. The manager provided the regional manager with weekly service governance reports which were responded to by the regional manager and follow up actions identified. There was evidence of senior management conducting themed audits of the service on an on-going basis. Themes included personnel files, supervision files, education and health. From a review of these audits there was evidence of the manager acting on the findings with the staff team, delegating responsibility for actions to be completed within specific timeframes. Despite the organisation's significant oversight and auditing systems the inspectors found that there were issues requiring action in relation to premises and safety and more robust oversight of fire safety was required. These issues are addressed in more detail further on in the report. At the time of inspection the inspectors were informed that the organisation's auditing system was in the process of being reviewed to ensure there is a more qualitative focus.

Monthly regional manager meetings were taking place and attended by the centre managers, the regional manager and the assistant director of services. Inspectors reviewed minutes of these meetings which included a number of standing agenda items including supervision, staffing and staff practice, policies and procedures and STEM (the centre's model of care). There was good evidence that each centre was discussed and that the young people's views were heard.

### **Staffing**

The staff complement presented at inspection consisted of the manager, two social care leaders, five social care workers, and relief staff. Both of the social care leaders were experienced and had worked in the centre for over two years. The five social care workers had between eleven months and two years' experience. All of the staff had a social care or other related qualification. At the time of inspection there were two social care worker posts vacant and managers informed inspectors that they were in the process of recruiting additional staff. In the interim these posts were being filled by relief staff which placed additional responsibility on the core staff team. Senior management must ensure that the centre has adequate levels of staff to fulfil its purpose and function and ensure that these vacant posts are filled as soon as possible. Inspectors found from interviews with staff and social workers that the staff were a committed and child-centered team.

The inspectors reviewed a sample of staff personnel files, which were well maintained in an accessible and standardised format. Each file reviewed had confirmation of Garda clearance, verified references, copies of the staff member's qualifications, or

updated records and certificates of training. Inspectors found in some cases that qualifications had not been verified with the appropriate educational bodies and recommends that this is followed up by the senior management responsible for overseeing the recruitment process. The centre had a comprehensive induction manual for new staff and evidence on files that newly recruited staff members undertook an induction process. Files reviewed also evidenced that staff appraisals were taking place at regular intervals.

### **3.2.3 Practices that did not meet the required standard**

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 5, Care Practices and Operational Policies -Part III, Article 6, Paragraph 2, Change of Person in Charge -Part III, Article 7, Staffing (Numbers, Experience and Qualifications) -Part III, Article 16, Notification of Significant Events.*

### **Required Action**

- Senior management must ensure that the centre has adequate levels of staff to fulfil its purpose and function.

### **3.6 Care of Young People**

#### ***Standard***

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

### **3.6.1 Practices that met the required standard in full**

#### **Individual care in group living**

Every effort was made to ensure that the young people had fulfilled lives, support networks and friends. Young people spent time with their families and attended school. There was evidence on file of young people being offered regular opportunities to participate in leisure and recreational activities in the community. Young people acknowledged that their birthdays and other festive occasions were celebrated and tailored to their individual needs and preferences. Young people were encouraged to make personal choices about the clothes they wear and the staff had a sensitive approach to supporting young people who had difficulties managing their personal hygiene. The young people had their own key workers who focus on the individual needs identified in the young person's placement plan/care plan and each young person was discussed individually at team meetings.

#### **Provision of food and cooking facilities**

The centre had a large kitchen and dining area. There was evidence that there were adequate quantities of nutritious and appetising food available to the young people at meal times and that young people had an input into menu planning. Young people were encouraged to develop healthy eating habits and cook and bake occasionally. Staff stated that efforts were made to engage the young people at mealtimes but this can be difficult due to their schedules. The inspectors recommend the centre ethos of shared mealtimes is encouraged where possible.

#### **Race, culture, religion, gender and disability**

The centre had a "Recognising Diversity Policy" in place which referred to how young people express themselves through their ethnic and cultural background and the choices that they make about how to live their lives. The inspectors found from interviews that staff had a good awareness regarding different cultures. There was evidence on file that the staff had facilitated the young people to purchase ethnic foods and had translated the weekly menu into other languages. The centre had also celebrated some cultural events from other countries and one young person was planning to visit their country of origin.

Family was an especially important aspect of the young people's lives and their involvement was respected and supported by staff. Social workers spoke positively of the efforts made by the centre to engage with families where appropriate and to involve them in the care of the young people. The centre stated that while young

people were facilitated to practice their religion, at the time of inspection none of the young people were choosing to do so.

### **Managing behaviour**

The centre had a written policy that informed the approach of the staff team to managing behaviour. The staff team had completed training in an approved behaviour management model and in line with this method focused on de-escalation and promotion of positive coping mechanisms with the young people. Each young person had an individual crisis management plan (ICMP) on file which was reviewed regularly. Individual risk assessments had been carried out and there were risk management plans in place. Each young person's file contained good practice guidelines which provided guidance to staff on effective measures to manage routine behaviours. Staff in interview also highlighted the use of STEM, the centre's model of care, as a tool for the effective management of behaviours and were able to demonstrate this with examples in practice. There was evidence from interviews and on file of good communication with external professionals working with young people to develop strategies of managing behaviour effectively. Social workers highlighted the positive relationships the staff had developed with the young people and the fact that they were attuned to the young people's needs as key components in the centre's effective management of the young people's behaviour.

The centre had a bullying policy and procedure in place. The centre also had designated a staff member as an anti-bullying coordinator. The staff member who had recently taken on the role was interviewed during the course of the inspection and highlighted that the primary focus was on the prevention of bullying. They gave examples of preventative work they had undertaken which included closely monitoring the interactions with the young people and addressing the way young people spoke to each other, as well as using resources such as board games to get the young people to interact together positively. The inspectors found that during the period under review there had been a small number of recorded incidents of bullying. Social workers that inspectors spoke with were satisfied that the centre was proactive in their responses to these incidents and they were well managed.

Sanctions were used in the centre in line with the policy on managing behaviour and were overseen by the manager and external management. Sanctions issued were collective decisions made by the manager and staff team and not by individual staff members. There was also evidence that staff consulted with young people offering them an input into choosing an appropriate sanction for their behaviour. Inspectors



reviewed sanctions implemented and found there had been a reasonable response to behaviour.

### **Restraint**

The centre had a policy on the use of physical restraint. All of the core staff team were trained in a method of physical restraint and had regular refreshers. There were three recorded physical interventions in the period under review. The inspectors were satisfied that where restraint had been used there had been post crisis reviews of these incidents. Records of restraint were maintained and there was oversight by external line management and at the organisation's significant event report group. The relevant people were informed of these incidents. Inspectors noted that records of physical restraint were recorded in the centres significant event register.

### **Absence without authority**

The centre has a written policy on absence without authority. Each young person had an absence management plan in place which had been developed in conjunction with their supervising social workers and updated regularly. There were a small number of recorded absences on file and inspectors found that these absences were managed well. The staff was aware of Children Missing from Care: a Joint Protocol between an Garda Síochána and the HSE Children and Families Services, 2012 on reporting young people missing from care and follow as necessary.

### **3.6.2 Practices that met the required standard in some respect only**

None identified.

### **3.6.3 Practices that did not meet the required standard**

None identified.

### **3.6.4 Regulation Based Requirements**

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

*-Part III, Article 11, Religion*

*-Part III, Article 12, Provision of Food*

*-Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

### **Required Action**

None identified.

### **3.10 Premises and Safety**

#### ***Standard***

The premises are suitable for the residential care of the young people and their use is in keeping with their stated purpose. The centre has adequate arrangements to guard against the risk of fire and other hazards in accordance with Articles 12 and 13 of the Child Care Regulations, 1995.

#### **3.10.1 Practices that met the required standard in full**

None identified.

#### **3.10.2 Practices that met the required standard in some respect only**

##### **Accommodation**

The centre was situated in a rural location. The house was spacious and bright surrounded by large gardens. The centre was adequately lit, heated, and ventilated and there were suitable facilities for cooking and laundry. Overall, the house was well furnished however inspectors were of the opinion that some areas would benefit from a decorative upgrade. Each young person had their own bedroom and the staff team involved the young people when decorating the premises. The inspectors observed that there was ample space for young people to have visits from friends, family members, or social workers in private. The inspectors were provided with evidence that the centre was adequately insured.

The inspectors conducted a walkthrough of the premises during the inspection and found that the grounds required a clean-up including some weeding and for rocks and debris to be removed. Paving stones leading to the front garden were broken therefore posed a safety concern and needed to be replaced. Senior management should arrange for a clean-up of the centre grounds to be undertaken and ensure that any necessary repairs are carried out and potential hazards are removed.

##### **Maintenance and repairs**

The centre had a system in place for the recording and reporting of maintenance issues and repairs. The organisation had their own maintenance team in place to carry out repairs and maintenance tasks. The centre manager submitted maintenance requests to the regional manager who in turn forwarded them to the director of operations. These maintenance requests were then prioritised on the level of risk and in regards to whether the issue identified was a health and safety concern. The inspectors found from reviewing the centres maintenance log that repairs to the

centre were not dealt with in a prompt manner. This was evidenced by a delay in response to maintenance issues in relation to fire safety and this is addressed in detail in the fire safety section of this report. Senior management must ensure that repairs in the centre are dealt with in a prompt manner.

## **Safety**

The centre had a health and safety statement on file which was signed by all staff. One of the staff was the designated health and safety representative and conducted monthly audits using a checklist. The manager and regional manager had oversight of these audits and the regional manager informed inspectors that they conducted occasional walkabouts of the premises during their visits. The inspectors reviewed the centre's health and safety statement and found that it was a generic document and not site specific. The inspectors also found from reviewing the safety statement and the monthly audits that they did not record on-going or current hazards in the centre along with control measures in place to manage these hazards.

The staff were trained in first aid and this is monitored as part of the training audits to ensure that sufficient numbers had up-to-date training. The staff had the use of three centre vehicles for transporting young people and all vehicles were suitably taxed and insured. Medicines and sharp implements were stored securely. The administration of medicine was properly recorded in line with policy.

### **3.10.3 Practices that did not meet the required standard**

#### **Fire Safety**

The centre maintained a fire register and a staff member was the designated fire safety officer. The centre had systems in place for detecting, containing and extinguishing fires, and for the maintenance of fire fighting equipment. There was a contract in place with an external fire company to ensure all fire extinguishers were checked annually. The inspectors noted that there had been three fire drills in the six months prior to inspection carried out with staff, young people and students. All of the core staff team had completed fire safety training.

Fire safety in the centre was identified by inspectors as an area that required more robust oversight. The inspectors found from reviewing the fire register and maintenance records that there were significant delays in the centres response to fire safety issues in regards to repairs and the replacement of fire safety equipment. A review of the maintenance log recorded that an issue with a fire door took three

months to be repaired and on another occasion two faulty fire extinguishers were not replaced until six weeks after the issue was recorded.

Inspectors were informed that the fire assembly point for the centre was located at the entrance to the premises. However, no fire assembly point sign was visible at the time of inspection and a new sign needs to be erected without delay.

### **3.10.4 Regulation Based Requirements**

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

*-Part III, Article 8, Accommodation*

*-Part III, Article 9, Access Arrangements (Privacy)*

*-Part III, Article 15, Insurance*

*-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)*

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*  
*-Part III, Article 13, Fire Precautions.*

### **Required Action**

- Senior management must arrange for a clean-up of the centre grounds to be undertaken and ensure that any necessary repairs are carried out and potential hazards removed.
- Senior management must routinely monitor the grounds around the centre to ensure they are maintained to a good standard.
- Senior management must ensure that repairs in the centre are dealt with in a prompt manner.
- Senior management must ensure that a site specific health and safety statement is developed. Current risks must be recorded along with control measures in place.
- Senior management must ensure there is more robust oversight of fire safety and all issues and repairs in regards to fire safety must be dealt with promptly.
- Centre management must ensure that the fire assembly point sign is replaced without delay.

## 4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	Senior management must ensure that the centre has adequate levels of staff to fulfil its purpose and function.	Senior management will continue to prioritise staff recruitment to ensure that the centre has adequate staffing levels in line with the Working Time Act 1997. Full staffing levels will be in place by the 23rd November 2019.	Senior Management will continue to respond to the staffing requirements of the centre in partnership with the HR Department. Daffodil Care are heavily invested in staff retention, with on-going review of staff benefits which recently introduced maternity care and an employee consultation forum.
3.10	Senior management must arrange for a clean up of the centre grounds to be undertaken and ensure that any necessary repairs are carried out and potential hazards removed.	Centre Manager and Regional Manager will ensure that a full clean up of the centre grounds will take place, completion of any necessary maintenance works will be prioritised along with removal of any potential hazards. This will be completed by the 24th November 2019.	Senior management completed a full review of Management maintenance escalation process this includes, Weekly Governance reports to ensure inclusions of reporting on the grounds of the centre. Senior management have revised systems for alerting, responding to, and closing out on health and safety issues/ maintenance. This includes real time communication with all relevant parties to ensure that issues requiring urgent attention are appropriately

	<p>Senior management must routinely monitor the grounds around the centre ensuring that they are maintained to a good standard.</p> <p>Senior management must ensure that repairs in the centre are dealt with in a prompt manner.</p> <p>Senior management must ensure that a site-specific health and safety statement is developed. Current risks need to be recorded along with control measures in place.</p>	<p>Regional manager will ensure that the physical condition of the house and grounds are regularly monitored and reported on. This will be achieved via reviewed Weekly Governance Report and Monthly Health &amp; Safety report.</p> <p>Centre manager and Regional Manager will ensure that all maintenance issues requiring urgent attention are addressed immediately</p> <p>Centre manager and Regional Manager will ensure that all issues concerning Fire Safety and Repairs, requiring urgent attention are addressed immediately</p>	<p>flagged and addressed. The organisation has also hired a compliance officer to assist senior management with tracking outcomes from qualitative and quantitative audit actions.</p> <p>Senior management have reviewed the Weekly and Monthly governance reports to ensure inclusion of reporting on the physical condition of the house and grounds. Revised documentation in use from the 4<sup>th</sup> November 2019.</p> <p>Senior management have revised systems for alerting, responding to, and closing out on health and safety issues/ maintenance. This includes real time communication with all relevant parties to ensure that issues requiring urgent attention are appropriately flagged and addressed.</p> <p>Each centre will develop a centre specific health and safety statement; this will be completed by the 24<sup>th</sup> November 2019.</p>
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	<p>Senior management must ensure there is more robust oversight of fire safety and all issues and repairs in regards to fire safety must be dealt with promptly.</p> <p>Centre management must ensure that the fire assembly point sign is replaced without delay.</p>	<p>Centre manager and Regional Manager will ensure that all issues concerning Fire Safety and Repairs, requiring urgent attention are addressed immediately.</p> <p>Fire assembly point has been replaced. Action completed by 5th November 2019</p>	<p>Senior management have revised systems for alerting, responding to, and closing out on health and safety issues/ maintenance. This includes real time communication with all relevant parties to ensure that issues requiring urgent attention are appropriately flagged and addressed.</p> <p>Centre Manager and Fire safety officer will ensure to complete review of this as part of the centre fire drills.</p>
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