



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 039**

**Year: 2023**

## Inspection Report

<b>Year:</b>	<b>2023</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>Three young people</b>
<b>Type of Inspection:</b>	<b>Announced</b>
<b>Date of inspection:</b>	<b>11<sup>th</sup> &amp; 12<sup>th</sup> July 2023</b>
<b>Registration Status:</b>	<b>Registered from 17<sup>th</sup> September 2023 to the 17<sup>th</sup> September 2026</b>
<b>Inspection Team:</b>	<b>Joanne Cogley Paschal McMahon</b>
<b>Date Report Issued:</b>	<b>24<sup>th</sup> November 2023</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 in 2011. At the time of this inspection the centre was in its fourth registration and was in year three of the cycle. The centre was registered without attached conditions from 17<sup>th</sup> September 2020 to the 17<sup>th</sup> September 2023.

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

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.2
2: Effective Care and Support	2.3
3: Safe Care and Support	3.1

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 on the 15<sup>th</sup> August 2023 and to the relevant social work departments on the 15<sup>th</sup> August 2023. 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 29<sup>th</sup> August 2023. This was deemed to unsatisfactory and returned to the centre manager for review. An updated CAPA was submitted on the 1<sup>st</sup> September and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA and additional representations received 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: 039 without attached conditions from the 17<sup>th</sup> September 2023 to the 17<sup>th</sup> September 2026 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

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

**Regulation 9: Access Arrangements**

**Regulation 17: Records**

**Theme 1: Child-centred Care and Support**

**Standard 1.2 Each child's dignity and privacy is respected and promoted.**

At the time of the inspection there were three residents in the centre. Inspectors met with two young people during the inspection. Both young people spoke positively about their placements and the care they were receiving from the staff team. They confirmed they were afforded privacy where needed in terms of their personal space and meetings with social workers. Young people confirmed their personal belongings were respected within the house. Inspectors noted from review of records that on occasion one young person appeared to take advantage of using another young person's clothing and personal items. Individual work had been completed with both young people in relation to this and it appeared the situation had improved.

Young people, where appropriate, had free time arrangements in place that allowed them to spend time alone outside of the house. There were also clear family access arrangements in place. One young person was moving towards independent living and as such was utilising public transport alone. Young people were also afforded time alone in their rooms within the house. Given certain risks as a result of peer dynamics in the centre, it was not appropriate for young people to have time alone together in communal areas in the house.

Due to a number of safeguarding and health and safety risks in place, there were limits placed on the privacy of the young people. This included room searches. Inspectors spoke with Guardians ad Litem for two young people and both confirmed they were aware of restrictive practices in place, this had been discussed in detail with them and were deemed necessary. Inspectors found that while these were risk assessed and identified as restrictive practices, they were not documented within the care plan and placement plan and these documents should be amended to include the measures and the rationale for same.

Inspectors noted work had been completed with young people in house meetings in relation to their rights to access their files. The young people that spoke with

inspectors confirmed they were offered their files to review. They were not clear on who else had access to their files and who their personal information was being shared with and this should be revisited with them and clearly explained.

The centre manager and staff team interviewed confirmed that each young person had a memory box that was being kept in the staff office. Memorabilia was being added to this over time including photos from house days out and certificates of achievements. Inspectors were informed these would be presented to the young people when they move on from the centre. Inspectors saw evidence in individual work with one young person of life story work being completed.

<b>Compliance with Regulations</b>	
<b>Regulation met</b>	<b>Regulation 5 Regulation 9 Regulation 17</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 areas were assessed.</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 1.2</b>
<b>Practices did not meet the required standard</b>	<b>Not all areas were assessed.</b>

#### **Actions required:**

- The centre manager must ensure any limits to privacy are documented in the young persons placement plan and care plan.
- The centre manager must ensure young people are aware of who their personal information is shared with and the reasons for the information being shared is clearly explained.

## **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.**

Inspectors met with two of the young people living in the house, one of whom gave inspectors a tour of the premises. They showed where they had planted flowers in the garden along with input they had into decorating communal areas. Inspectors viewed the two young people's bedrooms and whilst it is acknowledged that the young people said they were happy with them, inspectors found them to be poorly maintained by the centre and in need of attention. Paint work was poorly done, the walls were bare with no posters or pictures, one young person had no bedsheets on their bed, there were no doors on the wardrobes, and one young person's room was dirty during the visit with make-up stains, cobwebs and dust. The rooms did not reflect to inspectors a sense of belonging or safety for the young people. The Guardian ad Litem for the third young person stated they had seen their bedroom and didn't note anything untoward in relation to it. Both the centre manager and regional manager confirmed they do not enter young person's rooms to check their presentation when completing walkabouts of the house and were unaware of the presentation of them when queried by inspectors.

The house had two sitting rooms which allowed for privacy and opportunities for rest. One sitting room was filled with games, DVDs and musical instruments. There was a significant amount of artwork on display in the room also. The hall required painting and the house required a deep clean to rid it of cobwebs and dust. The house was adequately lit, heated and ventilated during inspection and there were sufficient numbers of bathrooms throughout the house.

In relation to the outdoor area of the house, the front was well presented and clean. Outside there was a furnished patio area with outdoor games available also. This area was well presented however the lower garden area required attention. Part of the fence was broken and the grass and flower beds were unkempt. There was a garage

to the side of the house which inspectors found unlocked during inspection. There were items in the garage that could be used as weapons and fire hazards and this area should be kept locked at all times. There were unemptied cigarette buckets in the designated smoking areas.

Inspectors reviewed fire safety records and found that, on the whole, they were in order. Quarterly servicing was occurring of fire extinguishers and the alarm panel and daily / weekly checks were being carried out by staff with no issues to note. Fire drills were occurring on a regular basis. However, the time of drill wasn't recorded which made it unclear as to whether or not an annual drill during the hours of darkness had occurred. Despite fire records being in order, when inspectors completed a walkabout of the house they found that there were issues with fire compliance. There were four self-closing fire doors that did not close properly. This would impact on the effectiveness of the door in terms of preventing the spread of a fire or preventing smoke from entering the room. This issue was not identified in any monthly health and safety audit, senior management audit or maintenance records. When inspectors arrived the kitchen door was being held open with a doorstop which was not in line with the centre's own fire safety policies and procedures. Inspectors highlighted action required with the centre manager on the day of inspection and subsequently wrote to the centre manager requesting action be taken. In the absence of a satisfactory response the inspector manager wrote to the director of services requesting immediate action be taken. It was found during inspection that Article 13 of the Child Care (Standards in Children's Residential Centres) Regulations 1996 were not met however the director of services confirmed action was taken on the 24<sup>th</sup> July 2023 moving it to being met.

Inspectors noted during the visit that fire extinguishers were kept behind locked doors. There was a risk assessment in place however the risk assessment highlighted that this was a historical issue. There was a letter on file from a Fire Officer who stated that the location of extinguishers could be moved where extinguishers were vandalised or used to attack staff and/or others. Inspectors did not find evidence to suggest these behaviours were evident with the current cohort of young people and the centre manager confirmed that this had become part of the culture of the centre and had not recently been reviewed.

From a review of monthly health and safety audits and the maintenance register, inspectors noted there were a significant amount of maintenance issues rolling over month on month. This included:

- Melted ethernet cables in the office. Issue raised 23/12/22, issue rectified 26/6/23.
  - The senior manager audit completed in January 2023 highlighted the lack of response from maintenance in relation to the melted cables in the staff office and identified that the regional manager would escalate same for action.
- Leak around chimney. Issue raised 25/11/22, issue ongoing.
- Fence required around oil tank. Issue raised 21/10/22, issue rectified June 2023.
- Internal sensor not working. Issue raised 22/3/23, issue ongoing.
- Shower trip switch. Issue raised 22/3/23, issue ongoing.
- Smell of burning from tumble dryer. Issue raised in April audit and in May audit. Inspectors were informed by centre manager a new tumble dryer was purchased.

The concern relating to the delay in maintenance action is ongoing since 2022 and has been raised in previous inspections in other centres within the organisation. To date satisfactory action has not been taken to address the shortfalls and no shared learning from these inspections is evident.

Inspectors reviewed monthly health and safety audits that were completed by the health and safety representative with oversight from the centre manager and the most recent senior management audit on this standard which was completed in January 2023. None of the above deficits were identified as areas for improvement. The registered provider must ensure auditing systems are robust and fit for purpose.

There were three vehicles used to transport young people. It was noted there was no valid tax on any of the three vehicles, one had no tax disc, one expired in April 2023 and one in May 2023. Inspectors were informed that these cars were on lease to the centre and they were awaiting logbooks to tax the cars. The cars were in use at the time of inspection therefore the centre manager must ensure cars in use are taxed at all times. Copies of full driving licences were evidenced on the sample of personnel files reviewed by the inspectors.

Whilst there were organisational policies in place to support managing the risks to the health and safety of those within the centre, inspectors noted there was a live health and safety risk at the time of inspection. One young person retained their mobile phone at nighttime and was awake throughout the night thus keeping staff and other young people in the house awake. Context of this situation will be

discussed further under standard 3.1 of this report. Staff interviewed noted that they got very little sleep when on shift and informed inspectors that they were of the opinion at times this impaired their judgement and decision-making abilities. Staff also were expected to drive home with little to no sleep after some shifts. Staff stated that consideration was given to the rota in terms of ensuring that back to back shifts were not implemented; but outside of this there was little support. Inspectors did not see evidence of risk assessments relating to this issue nor detailed discussions through team meetings or significant event review groups.

From a review of seven staff training files, three staff had no training in a recognised model of behaviour management, four had expired certificates on file. Three staff did not have first aid training and two had no fire safety training. A plan must be implemented to ensure all staff training is brought up to date.

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

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

#### **Actions required:**

- The regional manager and centre manager must satisfy themselves that young people's bedrooms create a sense of belonging, comfort, and security for the young people.
- The centre manager must ensure a deep clean is conducted of the house.
- The centre manager must ensure the garage is always locked when not in use.
- The registered provider must satisfy themselves that auditing systems are being utilised to the full potential, robust and accurately reflect practice and deficits within the centre.
- The regional manager and centre manager must ensure to review the current risk assessment in place relating to the removal of fire extinguishers.

- The regional manager and centre manager must demonstrate effective oversight of fire safety at regular intervals and ensure deficits are being addressed.
- The centre manager must ensure the time of fire drills are recorded.
- The regional manager and registered provider must ensure a review of maintenance is completed in line with this and previous inspection findings and action taken to address all deficits.
- The regional manager and centre manager must ensure all cars are appropriately taxed.
- The regional manager and centre manager must ensure risk assessments are implemented and reviewed regularly in relation to health and safety risks posed to staff members on shift.
- The regional manager and centre manager must ensure any deficits in training (First aid, Fire safety, behaviour management) are addressed in a timely manner.

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

#### **Regulation 16: Notification of Significant Events**

### **Theme 3: Safe Care and Support**

#### **Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.**

There were organisational policies and procedures in place that were aligned to Children First and relevant legislation. This included policies as follows: safe practice and working alone, recruitment and selection, safeguarding and child protection, staff code of conduct and protected disclosures. There was also a child safeguarding statement in place that outlined current risks and this had been approved by Tusla's child safeguarding statement compliance unit. During interview, staff were not familiar with the risks or control measures outlined in the safeguarding statement nor were they aware of who the identified designated liaison person (DLP) or deputy designated liaison person (DDLDP) was.

This standard was inspected twice in 2022 through the standard inspection procedures and the risk response procedures. Inspectors spoke with staff and management in relation to learnings from previous inspections and staff struggled to

identify learnings or changes that had occurred following inspections. Inspectors noted that at a basic level, training had not been refreshed with the team following previous inspections.

A number of child protection and welfare reporting forms (CPWRF) had been submitted since January 2023. From a review of these records, forms were not being fully completed, with the section for details of the “alleged person” being left blank on all forms, even where the alleged person is known, thus not allowing for adequate information to be passed to investigating parties.

One of the reported CPWRF’s related to an allegation against a staff member. From a review of documentation, the report was not submitted by the person who received the allegation, nor were the details of the alleged person completed in the appropriate section. It was evident through the details recorded that staff had revisited the incident with the young person the following day and questioned them in relation to the allegation. Staff also questioned the other young person in the centre in relation to the allegation. This is not in line with procedures set out in Children First: National Guidance for the Protection and Welfare of Children, 2017. Inspectors met with one staff member involved in part of the incident and they informed inspectors they were not clear on procedures or their role at the time. They sought guidance from an on-call manager but felt they did not receive adequate guidance in relation to the reporting and recording of the incident. They confirmed they were not invited to be part of a review following the incident. Through interviews at the time of inspection it emerged that the young person had previously made comments in relation to this staff member, these had not been reported in line with Children First and written evidence could not be provided to show these had been recorded outside of the verbal conversation that had occurred. Inspectors spoke with the Guardian ad litem allocated to the young person and whilst they were aware of the CPWRF they were unaware of comments made prior to the reporting of the allegation and stated they hadn’t been informed of this. Inspectors reviewed the significant event review group (SERG) meeting minutes and found this incident was not adequately reviewed. There was no exploration of the management of the incident, or any learnings identified moving forward. In addition to this an incident had occurred in December 2022 in which a non-resident young person was found to have spent the night in the centre without staff knowledge. This incident was reviewed as part of the monthly SERG meetings. However, from review, inspectors noted there was no exploration of the incident in relation to staff practice, procedures followed (or not followed), changes to ICSP or risk assessments that may be required and no learnings identified to prevent future incidents of a similar nature.

Inspectors reviewed a sample (7 out of 10) of staff personnel files. It was found vetting and training in Tusla Elearning Module, Introductions to Children First 2017 were all appropriately completed. Some deficits were noted including:

- The team did not have a balance of experienced staff who had worked in residential care in social care.
- No staff member had completed mandated persons training.
- Three staff had no training in a recognised model of behaviour management, four had expired certificates on file.
- One staff file had significant deficits evident. There were six gaps in employment found in their CV ranging from 3 months to 3 years.

From a review of files, Inspectors noted that one young person had unlimited 24-hour access to their phone. There was a significant history of risks associated with phone use. A risk assessment had been implemented upon admission in relation to the management of the mobile phone however the actions identified to minimise the risk had not been followed through on. It was also noted that despite their young age, there was no evidence of staff monitoring the phone nor was there parental apps installed on the phone and this was in contravention to the centres own '*information and communication technology policy*'.

The regional manager had carried out an audit in May 2023 in relation to this standard. None of the identified deficits that arose during inspection were identified in the findings of the senior management audit.

Inspectors reviewed individual work records and found that there were in depth conversations occurring with the young people which included the use of additional resources such as the RealU programme, QUIT programme and life skills programmes.

A protected disclosures policy was in place and those interviewed were aware of same. They confirmed they would feel comfortable to utilise it should they feel the need to do so.

Compliance with Regulation	
Regulation met	Regulation 16
Regulation not met	Regulation 5

<b>Compliance with standards</b>	
<b>Practices met the required standard</b>	<b>Not all areas were assessed.</b>
<b>Practices met the required standard in some respects only</b>	<b>Standard 3.1</b>
<b>Practices did not meet the required standard</b>	<b>Not all areas were assessed.</b>

**Actions required:**

- The regional manager must ensure management and staff are familiar with the child safeguarding statement risks and control measures and can identify the designated liaison person.
- The registered provider, regional manager and centre manager must ensure that the quality and safety of care provided to the young people is regularly reviewed to inform improvements to practice and all learnings are shared with the staff team caring for the young people.
- The regional manager and centre manager must ensure all allegations of concern are reported and managed in line with children first guidance 2017.
- The regional manager must ensure recruitment processes are robust.
- The regional manager and centre manager must ensure to review young persons phone usage, that adequate risk assessments are in place and that the centre's own policies are being adhered to.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
<b>1</b>	<p>The centre manager must ensure any limits to privacy are documented in the young person's placement plan and care plan.</p> <p>The centre manager must ensure young people are aware of who their personal information is shared with and the reasons for the information being shared is clearly explained.</p>	<p>The Centre Manager will discuss at the Team Meeting on 31.08.23 the importance of including interventions and approaches into the young people's Placement Plans. The Placement plans will be updated to include this information by 01.09.23.</p> <p>Each new admission to the centre receives a Welcome Handbook which outlines what information is recorded and with whom and how it is shared with appropriate parties.</p> <p>The Young Person's Meeting on 22.08.23 was utilised to discuss the information created and shared.</p>	<p>The Regional Manager will provide secondary oversight and support the centre management team and report on the team's progress through the monitoring reports.</p> <p>The centre management team will continue to provide all young people with a Welcome Handbook when they are admitted to the centre and will revisit this information on an annual basis for accuracy.</p>
<b>2</b>	The regional manager and centre manager must satisfy themselves that young people's bedrooms create a sense of belonging, comfort, and security for	The Centre and Regional Manager completed a walk-through of each young person's bedroom on 21.08.23 and have developed a list of maintenance	The Regional Manager will complete spot check walk throughs of the young people's bedrooms, record their findings in the centre monitoring report.

	<p>the young people.</p>	<p>requirements.</p> <p>The personalising of the bedrooms was discussed at the Young Person's Meeting on 22.08.23 where the young people could contribute to making their bedrooms more homely and comfortable. List of items have been collated which will be purchased.</p>	
	<p>The centre manager must ensure a deep clean is conducted of the house.</p>	<p>The Centre Manager has developed a schedule for completing a deep clean of the centre and this is being implemented from 31.08.23.</p>	<p>The Centre Manager will oversee the Handover of cleaning tasks on a daily basis to ensure that the centre is maintained to a high level.</p>
	<p>The centre manager must ensure the garage is always locked when not in use.</p>	<p>The Centre Manager will direct the team at the Team Meeting on 31.08.23 that the garage is to be locked when not in use.</p>	<p>The Regional Manager will complete a spot-checks on the garage and record their findings in the centre monitoring report.</p>
	<p>The registered provider must satisfy themselves that auditing systems are being utilised to the full potential, robust and accurately reflect practice</p>	<p>Regional Manager and Quality Assurance Department will complete themed audits which reflect practice and deficits in the centre. Issues arising will be escalated to</p>	<p>Themed audits will continue to be completed as per schedule. Monthly governance and oversight will be recorded in Regional Managers monthly report</p>

	<p>and deficits within the centre.</p> <p>The regional manager and centre manager must ensure to review the current risk assessment in place relating to the removal of fire extinguishers.</p> <p>The regional manager and centre manager must demonstrate effective oversight of fire safety at regular intervals and ensure deficits are being addressed.</p> <p>The centre manager must ensure the time of fire drills are recorded.</p>	<p>the registered provider for action.</p> <p>Centre risk assessment has been reviewed and updated to outline concerns re. Young person with weapons. This Risk assessment is attached.</p> <p>A full review of fire safety within the centre and associated records will be completed by Regional Manager by 15.09.23 and oversight requirements will be raised with the Fire safety office and centre management and will be raised at team meeting following this.</p> <p>Centre Manager will ensure that fire drill times are recorded. This will be discussed in team meeting on 31.08.23. This will be added to Fire Safety rep duties and reviewed by management quarterly</p>	<p>which includes practice and deficits in centre.</p> <p>Risk assessments will be reviewed as part of the Centres monthly report and Regional Managers monthly governance.</p> <p>Themed audits on fire safety will be completed and documented throughout the year as per schedule.</p> <p>Regional manager will review the completion of fire drills as part of monthly monitoring and ensure that the times are filled in.</p>
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	<p>The regional manager and registered provider must ensure a review of maintenance is completed in line with this and previous inspection findings and action taken to address all deficits.</p>	<p>The Regional Manager will conduct a review of maintenance requests within the health and safety file and liaise with the registered provider to schedule all outstanding works. This will be completed by 08.09.23</p>	<p>The Regional Manager will review all monthly Health and Safety audits to ensure that outstanding tasks are addressed. In the event of maintenance issues not completed, these will be escalated from centre manager to the Regional Manager monthly. The Regional Manager will then co-ordinate with the maintenance department to ensure an appropriate and timely response is received and action taken. Where the maintenance department cannot complete an action, external contractors will be utilised.</p>
	<p>The regional manager and centre manager must ensure all cars are appropriately taxed.</p>	<p>All cars have been taxed as of 21.08.23. Centre Management to conduct review of car maintenance checks on a daily basis to ensure appropriate oversight and that issues are being consistently documented as they arise.</p>	<p>Centre manager will ensure that Regional Manager is notified re. Outdated tax, and Regional Manager will escalate.</p>
	<p>The regional manager and centre manager must ensure risk assessments</p>	<p>Risk assessment for health and safety risks posed to staff members, discussed by</p>	<p>Centre Manager and Regional Manager will review health and safety risks to staff</p>

	<p>are implemented and reviewed regularly in relation to health and safety risks posed to staff members on shift.</p> <p>The regional manager and centre manager must ensure any deficits in training (First aid, Fire safety, behaviour management) are addressed in a timely manner.</p>	<p>Regional Manager and centre manager on 21.08.23. A risk assessment was devised and implemented. Shift times are being reviewed and multi-disciplinary meetings inclusive of Social Work Department and ACTS are focusing on sleep hygiene for young people.</p> <p>A full review of training requirements for the centre was completed 17.08.23 and sent to Regional Manager to ensure deficits were addressed. Any staff with training deficits have been scheduled for training.</p>	<p>in monthly supervisions to ensure that Risk assessments appropriately respond to needs.</p> <p>Centre training audits are completed every two months by the Centre Manager and forwarded to the Regional Manager and the Director of Services for scheduling for required. The registered provider has invested in new software to support the timely scheduling of required training. Training schedule attached</p>
<b>3</b>	<p>The regional manager must ensure management and staff are familiar with the child safeguarding statement risks and control measures and can identify the designated liaison person.</p>	<p>The centre's Safeguarding Statement will be reviewed at the Team Meeting on 31.08.23 and through supervision to ensure the team are familiar with its contents.</p>	<p>A biannual Senior Management Audit will be completed in the centre which will incorporate a testing of staff members knowledge. Where deficits are identified, these will be communicated to and addressed by the Centre Manager and overseen by the Regional Manager</p>

	<p>The registered provider, regional manager and centre manager must ensure that the quality and safety of care provided to the young people is regularly reviewed to inform improvements to practice and all learnings are shared with the staff team caring for the young people.</p>	<p>The quality and safety of care to the young people will be discussed in supervisions, regional meetings, placement reviews and team meetings with the staff team. All learnings and changes to practice will be clearly outlined and documented in team meeting minutes.</p>	<p>Regional manager will review supervision notes and team meeting minutes. Regional Manager will ensure that the staff team are informed of improvements to practice and rationale/ learning from same. The registered provider implements improvements to practice and other recommendations arising through inspection processes nationally on a regular basis.</p>
	<p>The regional manager and centre manager must ensure all allegations of concern are reported and managed in line with children first guidance 2017.</p>	<p>The Centre Manager and Regional Manager will ensure that all child protection and welfare concerns are recorded in line with centre policy and Children First 2017 and that they are categorised correctly. This will be raised at team meeting on 31.08.23.</p> <p>The Child Protection Policy is currently being updated to explicitly define staff and Tusla responsibilities in relation to child protection notifications. All staff have received direction in relation to this policy.</p>	<p>Centre Manager and Regional manager will continue to review all significant event notifications to ensure all issues concerning Child Protection are reported within a timely fashion.</p> <p>All staff receive training on Child Protection. The Child Protection Training covers categories of abuse and concerns. Child Protection Training is refreshed every two years as per policy.</p>

	<p>The regional manager must ensure recruitment processes are robust.</p> <p>The regional manager and centre manager must ensure to review young persons phone usage, that adequate risk assessments are in place and that the centre's own policies are being adhered to.</p>	<p>Policy will be updated by 16.09.23 and circulated.</p> <p>The Regional Manager will be completing a review of all personnel files by 15.09.23 and will ensure any gaps or missing information is sourced.</p> <p>A review of the young person's phone usage was completed by the Centre and Regional Manager on 21.08.23. This review included a review of the risk assessment in place and amendments required. This will be explored with relevant Social work department and the associated Risk Management plan will be discussed at the Team Meeting on 14.09.23.</p>	<p>Personnel file themed audits will be completed by Senior Management and highlight any gaps in training certs. Centre and Deputy Manager will ensure regular review of personnel files in the centre.</p> <p>The centre manager completes a monthly report which includes a review of risks for young people and the centre. This review identifies the status of all risks including the requirement for escalation. These reports are reviewed by the quality assurance manager. Report sample will be sent to Inspectors for reference. An audit focusing on risk identification and management has been scheduled for completion to ensure appropriate risk management plans are in place and are enacted. This will be completed by Quality and Assurance Manager by 19.09.23.</p>
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