An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 095

Year: 2019

Registration and Inspection Services
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Registration and Inspection Report

Inspection Year:	**2019**
Name of Organisation:	**Daffodil Care Service**
Registered Capacity:	**Four young people**
Dates of Inspection:	**27th & 28th August 2019**
Registration Status:	**Registered from 30th December 2017 to 30th December 2020**
Inspection Team:	**Joanne Cogley** **Paschal McMahon**
Date Report Issued:	**25th October 2019**

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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 ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in 2008. At the time of this inspection the centre was in their fourth registration and in year two of the cycle. The centre was registered without attached conditions from 30th December 2017 to 30th December 2020.

The centre's purpose and function was to accommodate four young people of either gender from age thirteen to seventeen years. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and 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.

The inspectors examined standard 2 'management and staffing', standard 5 'planning for children and young people' and standard 10 'premises and safety' of the National Standards for Children's Residential Centres, 2001. This inspection was unannounced and took place on the 27th and 28th August 2019. There were two young people resident in the centre at the time of inspection.

1.2 Methodology

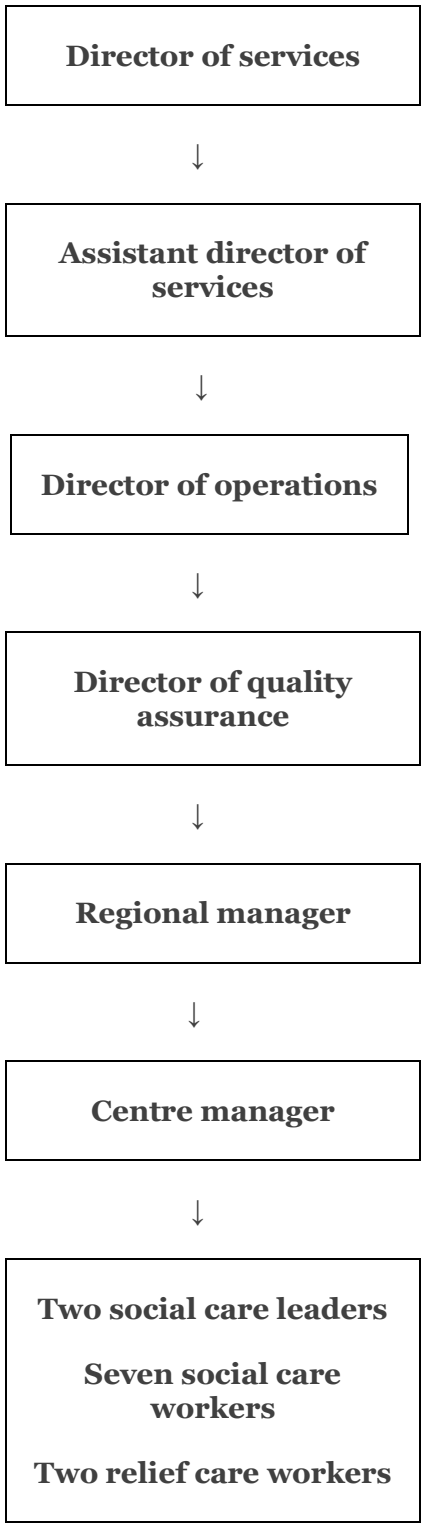
This report is based on a range of inspection techniques including:

- An examination of the inspection questionnaire and related documentation completed by the manager
- An examination of the questionnaires completed by:
  a) Two social care leaders
  b) The regional manager
  c) The quality assurance manager
  d) The assistant director of services
  e) The director of services
  f) Three social care staff
  g) Both of the allocated social workers for the young people currently in placement
  h) The social worker for one recently discharged young person
- An examination of the centre's files and recording process including:
  - The young people's care files
  - Staff supervision records
  - Personnel files
  - Handover book
  - Management meeting records
  - Staff team minutes
  - Young person's meeting minutes
- 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 centre manager
  b) The regional manager
  c) Two social care staff
  d) One social care leader
  e) One young person
  f) Both the allocated social workers for the young people
- 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 and the relevant social work departments on the 9th 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 23rd October 2019 and the inspection service received evidence of the issues addressed.

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 register this centre, ID Number: 095 without attached conditions from the 30th December 2017 to 30th December 202 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 young people who lived in the centre was maintained by the centre manager. Inspectors found that the register complied with the Child Care (Placement of Children in Residential Care) Regulations, 1995. 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 centre had a system for the notification of significant events. Inspectors interviewed supervising social workers and examined the centre records and found significant event reports were promptly notified to the social work departments. There was a clear system of oversight and review of significant events with review meetings occurring on a monthly basis to review risk ratings, trends and effective strategies.

Staffing

The staff team in the centre at the time of inspection was adequate to meet the centres purpose and function. It included a centre manager, two social care leaders and seven social care workers, all of whom held a recognised qualification in social care. There were two relief staff members available to work in the centre and they held a diploma in social studies and a BA in social studies. The current staff team held an average length of service of twenty seven months between them. Two staff members had left the centre in the twelve months prior to this inspection, one of whom moved to another centre within the service.

From a review of six staff personnel files, inspectors found that appropriate vetting measures had been used and there was evidence of verification of qualifications on file along with garda vetting and references. Personnel files were kept to a high

standard with evidence of centre manager and regional manager oversight on each file.

Supervision and support

The inspectors examined the supervision records for staff. Supervision sessions were clearly recorded on a template form which was signed by both the supervisor and supervisee. The sessions occurred every four to six weeks in accordance with the centre's supervision policy. The manager supervised the staff members and the regional manager supervised the manager. Records were maintained and there was good evidence in the records reviewed of an effective link to the implementation of the individualised plans for the young people in the centre and clear discussion around the centres model of care. There was also evidence of debriefs and reviews of significant events together with a balance of guidance, support and clear accountability. Supplementary supervision forms were utilised for debriefs and accountability in between supervisions and where these were completed by social care leaders there was clear follow up by the centre manager in the following supervision session.

There was evidence of fortnightly team meetings and daily handover meetings. A handover sheet was completed daily where goals were outlined and persons to complete the tasks identified. Handover was attended by inspectors during their visit and they noted that there was a clear analysis provided of the day previous, together with the handover sheet being utilised to ensure plans were implemented for the day ahead. The manager was to the fore of handover and guided any issues that arose and there was a focus on planning for the young people together with an emphasis on rewarding positive behaviours throughout the day. The inspectors reviewed the team meeting minutes and found the care of the young people was a main focus and priority within the meeting agenda. There were clear action plans that arose from the meetings and these were then followed up at the next team meeting to ensure all actions had been completed. There was evidence of follow through and accountability in both handovers and team meetings.

Training and development

Inspectors reviewed the training files for staff members and noted that training was up to date and completed. A quorum of staff had received required training in a recognised model for de-escalation of behaviour and physical interventions and there was evidence of regular refresher training programmes occurring, as this was not a regular practise within the centre, this was accepted by Inspectors at the time of inspection. There was also a training plan in place to ensure two staff members who

were not trained would receive the required training within the following month. Training had also been provided in manual handling, first aid, fire safety and Childrens First: national guidance for the protection and welfare of children 2017. The staff had also received additional training in the centre's model of care, supervision skills, HACCP and self harm awareness. Copies of the staff team's training certificates were evident on file. There was a clear training plan in place for the remainder of the year and there was evidence of continuous professional development being supported through supervision with staff members. Staff members confirmed that if they needed or requested any additional specialist training that this was supported by the organisation.

Administrative files

The administrative files were examined by the inspectors and the key records were evident. The recording system was well organised and accessible so that they facilitated planning, effective management and accountability. There was evidence that the manager and regional manager were monitoring the records. The centre had clear financial management systems and records with the task for oversight assigned to a staff member and a weekly review of same occurring.

3.2.2 Practices that met the required standard in some respect only

Management

The organisational management structure consisted of a director of services, assistant director of services, director of operations, director of quality assurance, regional manager, centre manager and two social care leaders. The manager of the centre had been in post since October 2017. They were appropriately qualified and had extensive experience in the social care sector. The manager worked consistent office hours of Monday to Friday and participated in an on call rota. The centre manager was supported by two social care leaders, one of whom had been in post since April 2016 and the other had been appointed in January 2017. Both held qualifications in social care and also participated in the on call rota.

There were a number of mechanisms in place to ensure oversight and governance within the centre. Senior management themed audits were carried out by regional managers and the quality assurance manager on a rotational basis. Four themed audits had been completed since January 2019 which focused on; admission files, registers and meetings; personnel and supervision files; education and medical; cars, fire, health and safety. These audits focused on checklists and lack of signatures and filing as opposed to in depth review of the quality of placement planning and health

and safety walkabouts. Whilst the mechanisms in place were appropriate, they did not give rise to more in depth analysis of centre specific issues. The regional manager confirmed that the current audit process is focused solely on paperwork review however acknowledged that there is a review in progress to develop the audit system to a more qualitative focus and this is to be implemented in October 2019. The inspectors recommend a new qualitative audit is implemented to ensure appropriate oversight and governance of care practice. There was evidence on file of the centre manager oversight and regular review of files. The centre manager was also required to provide a weekly service governance report to the regional manager, there was evidence of good discussion from the centre manager in relation to the young people and planning, staffing supports and analysis of discharges however these documents did not link weekly to ensure follow through of any actions noted. This will be further discussed under Standard 10 in this report.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency 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 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.

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

Required Action

- The senior management team must ensure that a qualitative audit system is implemented to ensure appropriate oversight and governance of care practise.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The centre had written policies and procedures for considering referrals and processing admissions. The centre considered referrals from the Tusla Child and Family Agency National Private Placement Team. Referrals were considered initially by the registered proprietor and the regional manager and subsequently discussed with the centre manager if it was deemed to be a suitable referral for the centre. The centre manager confirmed they would make the final decision in a young person being admitted to their centre. The centre had two young people in placement and at the time of inspection the mix of young people was deemed to be appropriate. The centre manager had completed pre admission impact risk assessments for both young people's admissions and social workers confirmed that the most recent admission impact risk assessment was shared with the current placing social workers to ensure all parties were aware of the risks and proposed management strategies. The inspectors reviewed these documents and found them to be comprehensive and based on a rating scale. The inspectors also found evidence of this being used as a working document and updated throughout the young person's transition taking into account changes within the centres environment. It should be noted that the young person was admitted whilst another young person was being discharged due to a crisis situation. It was confirmed with the social worker for the referred young person that they were kept fully up to date on risks and were happy to continue to proceed with the placement and admission.

There was a booklet evident on file that was provided to young people upon admission and the young people confirmed they received information describing all aspects of the centre including information about visits, phone calls, house rules and pocket money. The allocated social workers for two of the young people expressed

satisfaction to the inspectors in relation to the placements and were happy with the level of care being provided to the young people.

Statutory care planning and review

Both young people in placement had their statutory care plan reviews in the weeks prior to inspection. There was evidence of these minutes on file however both care plans were outstanding. It should be noted that the previous care plans on file were still in date, being held within a six month period. The older young person in placement attended their care plan review and their voice was clearly evident throughout. The younger person in placement refused to attend their review, as a result it was decided it would be held within the centre to ensure they could step in or out. They did not attend however the minutes evidenced their voice and wishes were clearly communicated to all parties. There was evidence of key workers attending these meetings with the centre manager and regional manager and there was also evidence of parents and significant others invited to the reviews. In conjunction with this there was evidence of regular meetings between all professionals to ensure appropriate care planning and all professionals kept up to date, especially during periods of instability within the centre.

Placement plans had been drawn up in conjunction with the young people's care plans and there was a clear link between the care plans, placement plans and key working plans. There was evidence of these plans also being brought to team meetings for further discussion and exploration to ensure it was best meeting the needs of the young person along with evidence of further exploration with key workers through supervision.

Contact with families

Family contact was viewed as a very important part of the young people's placements in the centre. The older young person had a strong family network around them and this was supported by the centre and the social worker to ensure relationships were maintained. There was evidence that where young people chose not to have family contact, the centre worked in conjunction with the social work department and ensured young people were kept up to date on family events, life story work was completed and key working sessions were carried out in attempts to repair relationships. Young people were also provided with photos of parents and siblings.

Supervision and visiting of young people

The allocated social worker for the younger person who was only in placement two months at the time of inspection had visited on a weekly basis. The allocated social worker for the older young person visited on a monthly basis and there was evidence of regular communication. This young person also confirmed that they could contact their social worker any time without issue, felt they were clearly listened to and believed they had built a very positive relationship with their social worker. The centre staff maintained a record of all social work visits and the outcome of such visits.

Emotional and specialist support

It was evident that staff members were aware of the emotional needs of the young people and this was being actively discussed through key working sessions. Although one young person was only in placement a number of weeks, there was evidence of work being completed in relation to emotional coping mechanisms. The older young person also had access to counselling services however despite encouragement from the staff team that had been evident through key working records, chose not to attend. When inspectors spoke to this young person they voiced that they believed they had made significant progress over the past few months and attributed this to staff members. They highlighted they had previously got angry whereas now they used their words to express their emotions. They explained to inspectors this was down to the level of key working that had been completed with them.

Preparation for leaving care

There was evidence across the centre records that the staff team supported the young people to learn and practice the required skills in preparation for independent living in the future and to learn a range of life skills appropriate to their age and stage of development. Although neither young person was nearing their exit from the centre, the young people were encouraged and supported to take responsibility for budgeting, cooking, laundry, maintaining their bedrooms and learning a range of practical life skills.

Aftercare

The young people in placement had not reached the age to be referred to aftercare services. There was evidence across centre records that the staff team were preparing the young person for independent living.

Children's case and care records

The young people had individual care files that were securely stored in the centre. Records were written in an appropriate professional manner. The centre manager and staff demonstrated an understanding and awareness for maintaining appropriate levels of privacy and confidentiality about the young person's circumstances.

The care files contained copies of the young person's birth certificate, care order and social history. The care files were well maintained and information was easy to access on the files. The records were written in a professional manner and information about the young people was expressed in a clear manner. The inspectors found evidence across the records that the young people's views were actively sought and recorded.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Both allocated social workers scheduled statutory reviews and professionals meetings on a regular basis. They stated they were informed of all relevant and appropriate information relating to the young people. Both social workers also confirmed they were satisfied with the level of communication and had confidence in the centre manager. Both social workers stated they were satisfied with the staff team in place and found them to be very committed to the young people and had the ability to meet the young people on their level. The social worker for the older young person, who had been in placement longer, stated that they had seen significant progress in the young person in recent months and was happy the placement was meeting their needs. There was evidence available to show that the social workers had access to the centre records and read and signed the relevant records from time to time.

3.5.2 Practices that met the required standard in some respect only

Discharges

The centre had a written policy on discharges indicating its commitment to ensuring the young people leave the centre in a planned and structured way in accordance with their statutory care plan. There had been four discharges since the last inspection,

three of which were planned. The most recent discharge in July 2019 was unplanned and came following a period of crisis, with a fourteen day discharge notice issued to the social work department. Following a period of instability, high risk behaviours including bullying behaviours of other residents, the young person was moved to another placement for a period of time to help stabilise their behaviour however the centre held the placement open during this eleven day period, the young person subsequently returned to the placement for a period of eight days whilst a new young person was being admitted to the centre. The social worker for this young person highlighted they were surprised and concerned that the centre took the young person back as they believed the other placing young people to be at risk. Although the discharge was unplanned, there was clear communication between the centre and social work department with regular risk management plans updated and professionals meetings occurring on a weekly basis. Due to the nature of the discharge there was no initial closing piece completed with the young person however inspectors found evidence of follow up visits being completed by staff members to the young person. The allocated social worker raised some issues in their questionnaire, received post inspection in relation to behaviour management aspects. In order to alleviate issues and assess practice, inspectors recommend that following all discharges, senior management complete a formal review of the placement with all professionals involved for the purposes of learning and development.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 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 23, Paragraphs 1 and 2, Care Plans
-Part IV, Article 23, paragraphs 3 and 4, Consultation Re: Care Plan
-Part V, Article 25 and 26, Care Plan Reviews
-Part IV, Article 24, Visitation by Authorised Persons
-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records
-Part III, Article 9, Access Arrangements
-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- The allocated social worker for the young person must make arrangements to review the care records held in the centre.
- The regional manager must ensure that a formal review is completed with all professionals following any discharges for the purposes of learning and development.

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

Safety

The centre had a policy in place in relation to health and safety and also had a health and safety statement which was reviewed annually and made management and staff aware of their obligations to health and safety in the workplace. The health and safety statement was generic to the organisation as opposed to being centre specific. There were a number of risks identified when on site such as concrete blocks to the side of the house which needed to be included in the site specific statement risk assessment. Senior management should ensure that the centre has a site specific health and safety statement identifying any hazards and control mechanisms in place.

Inspectors reviewed staff training and found all staff members had the relevant first aid training. Inspectors examined the centre cars whilst on site and found them to be clean, taxed, insured and contained first aid boxes in the event of an emergency. Inspectors also reviewed driving licenses and insurance details for the centre vehicle and found these to be in order.

Inspectors noted that medicines were safely stored in a secure cabinet to which young people did not have access to. This was stored in the staff office and there were no issues with the recoding of the administration of medication.

Fire Safety

The centre had obtained written certification regarding its fire compliance before beginning operations. The centre had an active fire and general register in place which had been kept adequately up to date. There were floor plans evident in the entrance hall of the centre with identified means of escape and there was a fire assembly point evident at the front of the house however this was not adequately lit. The centre manager must ensure the assembly point is adequately lit in the event of an evacuation.

There was evidence of checks completed on fire fighting equipment, emergency lighting and the fire alarm system. From a review of the training certificates held on file, inspectors found that staff members had up-to-date fire safety training.

Inspectors noted that fire drills were being conducted on a monthly basis which was leading to young people not engaging and repetitive issues occurring. There was evidence of keyworking on file with young people in relation to the purpose of such drills, the dangers of fire and the centres procedures around same. Although the centre policies highlight fire drills will be completed monthly, there isn't a requirement for drills to be carried out on a monthly basis and as such the centre manager should review the frequency of fire drills within the centre.

Fire doors were noted not to be compliant during the course of this inspection. There were noted issues with the fire doors since April 2018. There was a period of time where flame retardant paint was not on the doors. It was noted the flame retardant paint was bought in May 2019 and had been completed prior to the inspection. Further issues with damaged fire doors were noted in June 2019 and had not been rectified at the time of inspection. Following this inspection on the 28th August, the alternative care inspection and monitoring service wrote to the director of services raising concerns in relation to the property and an adequate response was received from the director of services with actions being carried out immediately.

3.10.3 Practices that did not meet the required standard

Accommodation

The centre consisted of a two storey building with a large garden area to the rear and side and parking facilities at the front of the building. The centre was noted to be dated and required significant investment and updating. The furnishings were not deemed to be adequate in some instances for example the coffee table and tv unit in the sitting room were broken, the sofas in the staff office had the seats ripped and the desk the inspectors were using was broken down the middle. The centre was adequately lit and ventilated however it had been noted that there had been issues with heating since February 2019 which were yet to be resolved.

Young people had their own bedrooms and a shared bathroom. Inspectors viewed these rooms, one young person's bedroom was adequately decorated to their liking. The other young person's bedroom was sparse and bare with little to no decoration. The centre manager informed inspectors that the team had made attempts to encourage the young person to decorate their room. The bathrooms were outdated and required attention. They were clinical and bare, for example they required toothbrush holders, towel rails and bathmats. The inspectors viewed a third young person's bedroom, currently not in use, and again noted issues with the en-suite area. The inspectors were informed the shower in this room had never worked since the centre had opened yet the room had been in frequent use previously by young people and staff and they were not able to avail of the bathroom facilities.

There was a small sitting room area which could be used for privacy for visits within the centre however one social worker did note that they do not have the opportunity to meet with the young person in private when in the centre. The centre manager had highlighted the young person struggled to engage with his social worker at times and chose to remain in communal areas for visits however all were aware of the space for visits should it be required. Cleanliness was noted to be an issue in the centre during the period of inspection with cobwebs noted around ceilings and windows, external windows not cleaned and covered in leaves and moss, skirting boards and door frames dirty, floors un-swept and paint peeling from the walls, in particular in the laundry room area. The outside of the house was unkempt with a lot of leaves, moss and muck gathering around the driveway, some areas of which could have been considered a slip, trip or fall hazard.

It should also be noted that alternative care inspection and monitoring managers have spoken to the service direction on previous occasions in relation to the quality

and condition of premises across the organisation and upgrading and the upkeep of premises needs to be an organisational priority.

The centre was adequately insured and copies of same were provided to inspectors.

Maintenance and repairs

The centre had a system in place whereby all maintenance issues were recorded in a maintenance register. Any issues were then brought to the attention of the centre manager, who in turn alerted the regional manager who sent a list of repairs to the assistant director of services who organised maintenance priorities and works. The assistant director of services was noted to be responsible for overseeing maintenance however did not complete formal centre visits or walkabouts of the premises. Inspectors noted maintenance issues were not being dealt with in a prompt manner. The maintenance register noted a number of issues that had a delay in completion for example broken flood lights reported in June 2019 and not completed until August 2019 and floor boards lifting in the hall noted in January 2019 and not completed until March 2019. The most recent health and safety and environmental audit completed in July 2019 noted that the radiators throughout the house had not been working since 28th February 2019, fire doors needed to be replaced since 19th June 2019 and septic tank issues since 10th June 2019. It was evident from a review of the weekly governance reports that the centre manager and regional manager had alerted these issues when they occurred however there was no evidence of follow up nor did they appear on any subsequent reports as actions still outstanding. The centre manager needs to ensure if works are not completed they continue to highlight them on their governance reports and alert senior management to the outstanding issues.

An audit completed in March 2019 by the quality assurance manager focused on car, fire and health and safety however this audit focused solely on paperwork. There was no evidence of a walkthrough of the house and grounds nor was there a review of maintenance issues. The audit focused on archiving, lack of centre manager comments in some areas and forms to be completed. Senior managers must factor in a meaningful review of house maintenance and upkeep into audits as opposed to isolating audits to paperwork.

Inspectors noted from speaking with management and staff members that a number of maintenance and upkeep issues were being completed by staff whilst on shift, this included painting of doors, skirting boards and walls and sourcing new furniture. Senior management need to ensure adequate maintenance resources are available to the centre at all times.

3.10.4 Regulation Based Requirements

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996,***
-Part III, Article 15, Insurance
-Part III, Article 9, Access Arrangements (Privacy)

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 8, Accommodation

The centre met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996,***
-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)
-Part III, Article 13, Fire Precautions.

Required Action

- Senior management must ensure that the centre has a site specific health and safety statement identifying any hazards and control mechanisms in place.
- The centre manager must ensure the assembly point is adequately lit in the event of an evacuation.
- The centre manager must review the approach to conducting fire drills.
- The centre manager needs to ensure if works are not completed they continue to highlight them on their governance reports and alert senior management to the outstanding issues.
- Senior managers must factor in a meaningful review of house maintenance and upkeep into audits as opposed to isolating audits to paperwork.
- Senior management need to ensure adequate maintenance resources are available to the centre at all times.

4. Action Plan

Standard	Issues Requiring Action	Response with timeframes	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	The senior management team must ensure that a qualitative audit system is implemented to ensure appropriate oversight and governance of care practise.	The senior management team have reviewed auditing systems with a view to developing more comprehensive qualitative auditing. This will include regular staff interviews conducted by senior management, interviews with young people, recording of the young person's voice, views and opinions to better inform care practice.	Senior management have agreed the revised auditing schedule to reflect a defined focus on qualitative auditing. The company has recently appointed a Compliance Officer to assist the senior management team in carrying out and ensuring compliance with governance and auditing expectations. The revised auditing schedule will commence on 25th November 2019
3.5	The regional manager must ensure that a formal review is completed with all professionals following any discharges for the purposes of learning and development.	Following a young person's discharge from a centre, a review is completed by the centre inclusive of an end of placement report, team reflection session, and a young person's exit interview. This review will be developed to ensure that the process evidences learning and development and will be captured through auditing. Individual supervision sessions also review the placement which has	The senior management team, inclusive of the Quality Assurance Manager, will develop more robust methodology to evidence the learning and development from discharges. Confirmation of this review will be completed on 28th November 2019.

		ended. We do not think that it is the providers place to convene a formal review for external professionals.	
3.10	Senior management must ensure that the centre has a site-specific health and safety statement identifying any hazards and control mechanisms in place. The centre manager must ensure the assembly point is adequately lit in the event of an evacuation. The centre manager must review the approach to conducting fire drills. The centre manager needs to ensure if works are not completed, they continue to	The centre will develop a centre specific Health and Safety Statement. This will be completed by 30/11/19 Regional Manager has liaised with the Fire Safety Consultant who has confirmed that the provision of lighting at the assembly point this is not a requirement. The centre will provide torches in staff bedrooms and offices to ensure the area is adequately lit. Completed 31st October 2019 Approach to conducting fire drills will be reviewed by senior management Timeframe: 31st October 2019 A comprehensive health safety and maintenance audit was completed post	Each centre will develop a centre specific health and safety statement Senior management will ensure that all fire safety is conducted in line with policy. Senior management have revised systems for alerting, responding to, and closing out on

	highlight them on their governance reports and alert senior management to the outstanding issues.	inspection and is currently being addressed by senior management including new heating system and shower repair in en-suite bathroom. Centre manager is ensuring that any new health and safety concerns remain on the weekly governance and monitoring report until resolved. Weekly governance reporting and monthly health and safety reporting will be revised to ensure that health and safety issues and maintenance issues are responded to in a timely fashion. Timeframe for completion: 31st October 2019	health and safety issues inclusive of maintenance. This includes real time communication with all relevant parties to ensure that issues requiring attention are appropriately flagged and addressed. The company has recently appointed a Compliance Officer to assist the senior management team in carrying out and ensuring compliance with governance and auditing expectations.
	Senior managers must factor in a meaningful review of house maintenance and upkeep into audits as opposed to isolating audits to paperwork.	A full review of house maintenance requirements is being reviewed at present by Regional manager and Centre manager and issues will be addressed in the coming weeks. Maintenance, general upkeep, and health and safety issues are included in a revised weekly and monthly governance systems. This revised system will be supported by senior management site visits to report on maintenance and general décor.	Senior management will ensure that maintenance and upkeep is reviewed regularly, through the new response system noted above. The amended weekly service report will be implemented from November 2019 to include external review of centre by Senior Management. Timeframe for implementation; 4th November 2019

	Senior management need to ensure adequate maintenance resources are available to the centre at all times.	Communication issues which resulted in delayed responses to maintenance issues have been addressed, and the new response system outlined above will ensure that maintenance issues are addressed in a timely fashion.	As noted above, Senior management have revised systems for alerting, responding to, and closing out on health and safety issues inclusive of maintenance. This includes real time communication with all relevant parties to ensure that issues requiring attention are appropriately flagged and addressed.