Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 139
Year: 2019

Alternative Care - Inspection and Monitoring Service
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15 - D15 CF9K
01 8976857

Registration and Inspection Report

Inspection Year:	**2019**
Name of Organisation:	**Daffodil Care Services**
Registered Capacity:	**Four young people**
Dates of Inspection:	**28th and 30th May 2019**
Registration Status:	**Registered from 3rd August 2018 to 3rd August 2021**
Inspection Team:	**Lorraine Egan** **Linda Mc Guinness**
Date Report Issued:	**30th of July 2019**

Contents

1. **Foreword** **4**

1.1 Centre Description
1.2 Methodology
1.3 Organisational Structure

2. **Findings with regard to Registration Matters** **9**

3. **Analysis of Findings** **10**

3.2 Management and Staffing
3.4 Children's Rights
3.6 Care of Young People
3.10 Premises and Safety

4. **Action Plan** **24**

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 ongoing 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 on 3rd August 2018. At the time of this inspection the centre were in their first registration and were in year one of the cycle. The centre was registered from the 03rd August 2018 to the 03rd August 2021.

The centre's purpose and function was to provide short to medium term care for up to four young people of mixed gender between the ages of thirteen and seventeen years on admission. There were two young people resident at the time of this inspection. Young people were referred to the centre through the Tusla National Private Placement Team (NPPT). The model of care being used in the centre was the Systemic Therapeutic Engagement Model (STEM). This approach provides a framework for positive interventions with young people, in order to develop relationships focused on achieving strengths based outcomes, through daily life interactions. STEM draws on a number of complementary philosophies and approaches.

There were two young people living in the centre with another referral being processed and at pre-admission risk assessment stage at the time of this inspection. It took place on the 28th and 30th of May 2019. The inspectors examined aspects of standard 2 'management and staffing', standard 4 'children's rights' and standard 6 'care of young people' of the National Standards for Children's Residential Centres, 2001. When onsite, the inspection team decided to expand the remit of the inspection to include the accommodation aspect of standard 10 'Premises and Safety'.

1.2 Methodology

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

- An examination of documentation completed by the Manager.

- An examination of the questionnaires completed by:
  a) The centre manager
  b) All of the staff team
  c) The regional manager
  d) The director of operations
  e) The director of services
  f) The quality assurance manager
  g) Two young people residing in the centre
  h) One social worker

- An examination of the centre's files and recording process including;
  - care files
  - policies and procedures
  - daily and weekly records
  - young person's booklet
  - supervision records
  - handover records
  - team meeting minutes
  - management meetings minutes
  - centre registers
  - young people's meetings
  - personnel files

- 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) Two young people
  b) The centre manager
  c) The regional manager
  d) The social care leader
  e) Three staff members
  f) One social work team leader with responsibility for one young person

g) The placing social worker for the second young person was unavailable for interview with inspectors

- Observations of care practice routines and the staff/young person's interactions.

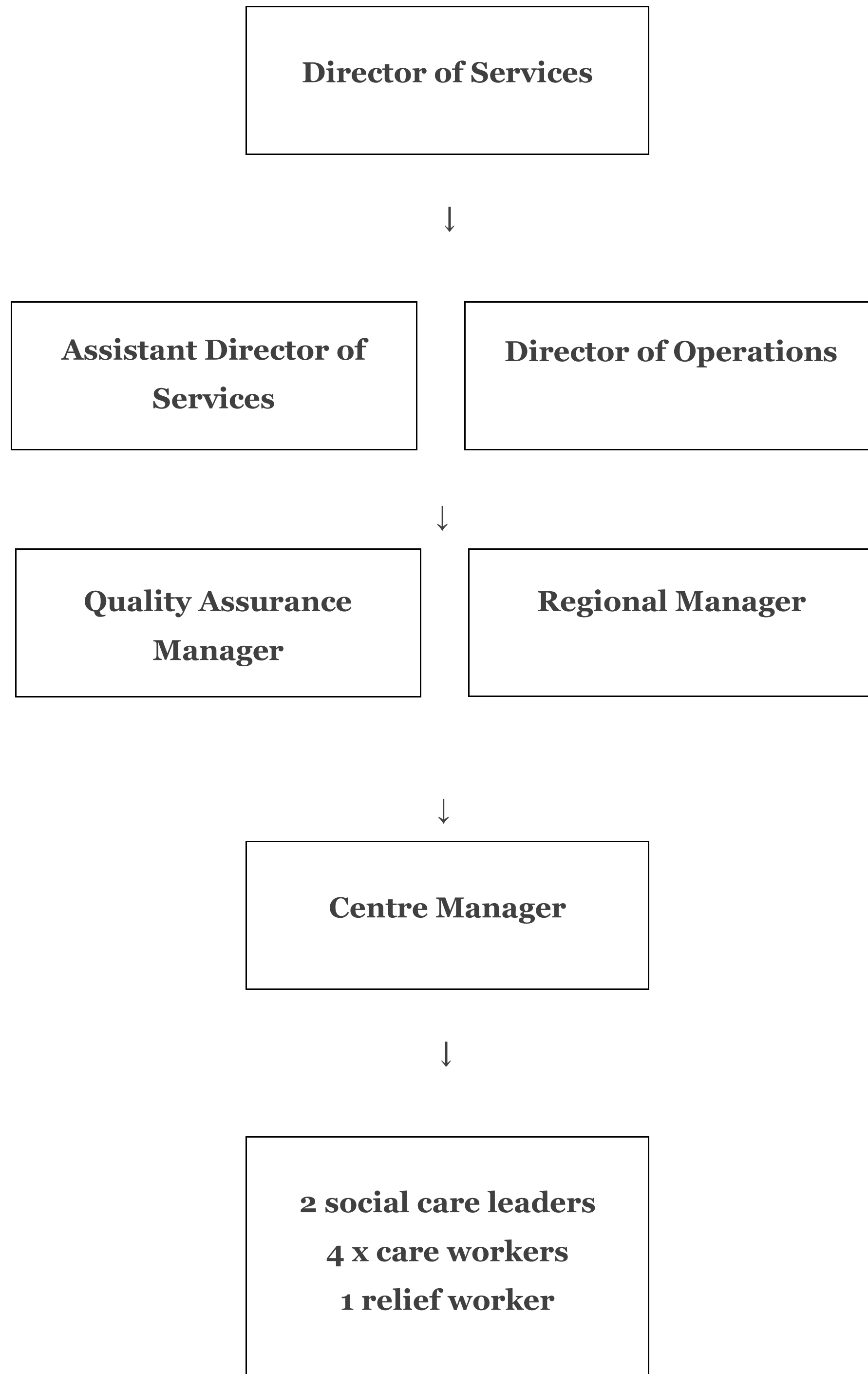
- Shared lunch with staff and one young person.

- Attendance at handover meeting

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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 1st July 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 18th July 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: 139 without attached conditions from the 3rd August 2018 to 3rd August 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
During this inspection, the centre register was reviewed and found to be complete and in line with regulatory requirements and the National Standards for Children's Residential Centres, 2001. The register contained details of young people, their admission dates and information on their parents and social workers. There was a system in place where duplicated records of admissions and discharges were kept centrally by Tusla, the Child and Family Agency. Inspectors noted that the register had been reviewed and signed by all the senior management team to evidence their oversight. Registers were also reviewed during quality assurance audits.

Notification of Significant Events
The centre had a policy in relation to significant events. There was a system in place to record and notify the supervising social workers in the Child and Family Agency of all significant events relating to young people living in the centre. There was clear guidance to the staff team regarding what constituted a significant event and the social worker who was interviewed confirmed that they were satisfied with the prompt notification and effective communication relating to significant events.

Training and development
There was a policy in place regarding the organisation's stated model of care. This was the relationship based Systemic Therapeutic Engagement Model (STEM). At the time of this onsite visit, three of the staff team had yet to fully complete the training in this model and were scheduled to do so in the weeks following inspection. These dates were outlined in the CAPA from the last inspection as this issue had been highlighted in the previous report where management had been required to address this deficit.

The training policy stated that all staff members were to be provided with mandatory training to include; child protection, a recognised model of behaviour management,

first aid and fire safety. The completion of these courses was evident on the sample of staff files reviewed during the onsite inspection. Inspectors' found that all staff members had received training in Tusla's Children First E-Learning Programme along with a supplementary child safeguarding training module.

The training schedule was held on a database which signalled to management when staff members were due required refresher training. Training provided to the staff team was in line with the organisation's policy.

1.2.2 Practices that met the required standard in some respect only

Management

Since the last inspection, the manager had remained in place. They were appropriately qualified and had a number of years' experience working in residential care. The manager was responsible for the day to day operation of the centre and worked a nine to five rota, Monday to Friday. They attended daily handovers, staff team meetings, child in care reviews and other professional meetings. Inspectors observed that the manager had signed documents in the care files and other records.

The centre manger reported to the regional manager and the quality assurance manager undertook unannounced and announced audits on the quality of care provision in the centre. Inspectors reviewed minutes for the organisation's monthly manager's meeting and observed that they were detailed and were reflective of good governance regarding areas such as; placement planning and key working, significant events and professional input. The young people's voice was also represented with an allocated section included for review of the work completed with them and plans for the coming period. Regional management meetings were also in operation and inspectors noted that the minutes were supportive of the work of the centre.

From a review of the team meeting minutes, inspectors found that these were occurring in general on a fortnightly basis. The records contained evidence of good planning with strong links made to placement planning. They also included discussions on practice and review of outcomes for young people. There was good attendance at these meetings including by the director of services and the regional manager.

Centre management completed weekly governance reports which were in turn submitted to the regional manager. Inspectors reviewed these and found them to be reflective of good governance. They were comprehensive and detailed documents

which focused on areas such as; HR matters, risk management, training, model of care strategies, audits and significant event patterns. They also included a section which evidenced a review of therapeutic input, post crisis response and involvement of social work.

Audit reports for the centre reflected information on the care files, personnel, supervision, health and education. This document identified specific areas that needed to be addressed along with a timescale for completion of actions. Inspectors observed evidence of three audits undertaken since the previous inspection, however, it did not establish a deficit in staffing numbers for the centre although an audit was completed during this period. Regional management must ensure that the auditing processes are reviewed so that all deficits are captured and addressed in order to guarantee robust governance.

At the time of the previous inspection, specific issues in relation to governance of staffing had been identified where it was found that the centre did not have adequate levels of staff to fulfil its purpose and function. Regional and centre management were directed to increase the staffing levels to meet the requirements. They responded with an action plan to address the deficits that were highlighted and this was accepted by inspectors.

At interview, on the current inspection, the regional manager stated they had not agreed with this finding regarding staffing levels at the time. They said that they had intended to continue with the same roster which was in place at the time of the last inspection. However, the intention not to implement the required action was not communicated by the organisation to the alternative care inspection and monitoring service. Nor was there disagreement with inspection findings. This issue will be discussed in more detail below.

3.4.3 Practices that did not meet the required standard

Staffing

The centre had a staff complement of seven which included a manager, two social care leaders and four social care workers. At the time of the previous inspection, inspectors were informed that the centre was recruiting staff members and that a fifth social care worker was to be employed. Inspectors found that this had not happened. The centre manager stated that this was currently being addressed and a social care worker who had previously worked in the centre had accepted a position and was to commence work in the next number of weeks. Inspectors observed that

two staff members had left their positions and two had been appointed since the previous inspection in December 2018. The organisation must make every effort to ensure staff retention in the centre in support of consistency and the effective implementation of the model of care which is relationship based.

From a review of the roster, inspectors saw that two staff members were on shift each day at 11 am to work an overnight shift. There was no third staff member on the roster provided and no capacity to provide one each day, however, the centre manager indicated that would be in place when a third young person was admitted. As the centre was processing a referral for a new admission, inspectors found that the current level of staffing was insufficient to fulfil the requirement for triple cover at this time, further, there would be no capacity for a live-night cover from within the current team if it was required.

The previous inspection in December 2018, found that the social care manager was acting as a second staff member until 5pm in the evenings when a second staff member came on duty. Feedback from inspectors at the time of inspection was that this was a dilution of the management function and it was not an acceptable level of staffing. It was stated that there should have been two core staff assigned to each shift in the centre, plus the centre manager present during office hours. Inspectors found from a review of the rotas and interviews with staff that this issue was not adequately addressed. The required change to the staffing arrangement did not take place until a second young person was admitted to the centre during the last week of March 2018. Organisational management must ensure that actions required as outlined in an inspection report are addressed promptly and as a matter of priority following onsite feedback. Organisational management must ensure that the centre has sufficient staff at all times in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 7, Staffing*.

From a review of staff personnel files, inspectors found that these contained contracts of employment, references, copies of qualifications, CVs and training certificates. One staff member had obtained Garda vetting for another centre within the organisation in 2016 and had moved to work in this centre recently. Their vetting had not been updated at the time of this inspection. Inspectors noted that the system for obtaining references for staff needed to improve. In some instances, there was no evidence of verification of the person that had provided the reference (organisational stamp, email etc.) Inspectors found that the online reference form did not provide information on what duties the applicant undertook in their role or what type of agency they worked in.

One staff file, reviewed by inspectors, had a reference supplied by the current assistant director of services to this person. They had been on a student placement with them in a previous service. However, they had held a full time position as a social care worker since that time in another organisation and there was no reference in respect of this employment which would have provided more transparent and robust vetting. They also had a reference from a manager of a 'sister centre' who had worked with the person in another capacity. While there was a fourth reference on file, this had not been verbally verified. Where possible, references should be sought from outside the organisation.

3.2.4 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 5, Care Practices and Operational Policies***

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 16, Notification of Significant Events.

The centre has met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996***
-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)

Required Actions

- Regional management must ensure that the auditing processes are reviewed so that all deficits are captured and addressed in order to guarantee robust governance.
- Centre management must make every effort to ensure staff retention in the centre in support of consistency and the effective implementation of the model of care.
- Regional and centre management must ensure that actions from inspection processes are fully implemented as a matter of priority following feedback and inspection reports.

- Regional and centre management must ensure that the centre has sufficient staff at all times in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 7, Staffing*.
- Centre management must ensure that all vetting takes place in line with the Department of Health circular in respect of the recruitment and selection of staff to children's residential centres 1994.

3.4 Children's Rights

Standard
The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation
There was a policy in place in relation to consultation with children and young people. They were encouraged where appropriate to attend their child in care review meetings, participate in young people's meetings and have choices of food and involvement in shopping and other activities. From a review of care files, inspectors found strong evidence that young people and their families, views and opinions were sought and valued on decisions that affected their daily lives and their care within the centre. Young peoples' meetings took place regularly since the centre opened and there were records of 35 such meetings taking place. There was evidence that topics such as house and room decor, activities, new admissions, menu planning, complaints, and weekly plans were discussed amongst others. Inspectors observed evidence of feedback to young people following discussion at the team meetings, although on occasion, items arose a number of times before they were responded to. Consultation with young people was also evident on the records of staff meeting minutes. Inspectors met with the young people in the centre and they reported that they felt listened to by the staff team.
Key working records reviewed during inspection also evidenced ongoing consultation and young people were supported to have their views heard in advance of their child in care reviews and other meetings related to their care. Their contributions were observed by inspectors on their care plans. There were good examples of the voice of the child being heard and followed up across the centre records.

Complaints

There was a policy in place which outlined what constituted a complaint, how young people could make a complaint, the procedures to be followed and an appeals process. The centre held two registers one for formal complaints and one for informal complaints. There had been 8 informal complaints made by young people in the centre since it opened in August 2018. There was evidence that these were all investigated and closed off with feedback given to the young person. Social workers were informed throughout the process where appropriate. There was evidence of oversight by internal and external management.

Young people told inspectors that they were aware of how to make a complaint if they wished and who they would talk to. The young person's welcome handbook provided information on the complaint's procedure.

Each complaint had a clearly recorded outcome and evidence was specific on how issues were resolved for the young person. Informal complaints were addressed at team meetings, young people's meetings and in weekly service and governance reports to management. They did not feature in the regional managers' meetings.

Inspectors found that complaints were not yet subject to the formal auditing process by the regional manager or quality assurance team at the time of this inspection. While staff understood the purpose of a complaints procedure and the steps involved in the centre's policy, they were unaware of Tusla's policy for complaints and feedback 'Tell us' and information in respect of it was not included in the organisation's policy.

Access to information

There was a policy in place in relation to access to information as required and young people were informed of their rights to access their records and supported to understand the process in line with their age and level of understanding.
Young people were provided with an information booklet on admission to the centre and access to information was discussed with young people to ensure they understood this right. Inspectors recommend that the young person's welcome booklet is reviewed with them if they chose to, with the aim of making it more young person friendly. It is also recommended that the children's rights section has a more prominent presence at the start of the booklet. Both young people in the centre had been offered access to their records but had chosen not to read these at the time of this inspection.

3.4.2 Practices that met the required standard in some respect only

None identified.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 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 II, Article 4, Consultation with Young People.***

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

The young people who met with inspectors and completed questionnaires said they were happy living in the centre. There was evidence that they were cared for in a way that showed respect and took account of their wishes, preferences and individuality. Young people were able to describe things they liked about living there such as making choices about menus, their activities and hobbies, their bedrooms, clothes and make-up. They said they could talk to their keyworker and would tell staff if they were being bullied.

The staff team used resources to address the issues identified in placement plans and key working goals. Each of the young people was appointed a key worker and a co – key worker and the social care leaders provided case management supervision. There was evidence that individual work and key working was being carried out on a regular basis and this was linked to placement planning goals, behaviour management and the management of risk. Review of these records showed that the

team was aware of the emotional needs of the young people and their voice was reflected in family access arrangements and the provision of opportunities. There were daily and weekly planners in place and young people had choices regarding engaging in leisure and recreational activities similar to those of their peers such as camogie, gym, horse riding and cinema. They were encouraged to bring friends to visit if they so wished but one young person informed inspectors that they chose not to and preferred to meet friends outside the centre.

The centre manager stated that achievements of young people were celebrated and that special occasions were marked, although one young person was not able to describe to inspectors how their birthday was celebrated within the centre. They did not describe having a cake or receiving birthday cards. While it was accepted that the young person was at home at the time of their birthday, some of the team stated that they were planning a summer barbeque to have a late celebration; however, the young person was unaware of this plan and was not able to connect it to their birthday. There was evidence that young people were given opportunity to develop skills that prepared them for adulthood. A social worker at interview and through a questionnaire commented positively on the care provided to young people in the centre.

Provision of food and cooking facilities

Inspectors found that there was a wide range of nutritious food available to young people in the centre and there was a focus on having a healthy diet. Young people were encouraged to share meals with staff members so that it could be experienced as a positive social event. They were invited to go shopping with centre staff and to choose their particular food types and participate in the preparation of meals. Young people's preferences were taken into account in menu planning.

Race, culture, religion, gender and disability

The centre had a policy on recognising diversity and staff interviewed were familiar with it. This policy had a focus on assisting young people to understand the nature of discrimination and this was generally done through individual work when opportunities arose. This could possibly be looked at a little more creatively within the centre in a planned way. It was supported by a robust anti-bullying policy. Young people were encouraged and facilitated to practice their religion and one young person had until recently, taken the opportunity to attend religious services. They were supported in respect of family anniversaries and these were marked with care and consideration for the young person's wishes.

Restraint

The centre had a policy on the use of restraint and physical interventions and all staff were appropriately trained in its safe use if required. There had been no physical intervention in the centre since it opened in August 2018.

Absence without authority

The centre had a policy on unauthorised absences that provided clear guidance to staff in categorising a missing episode and specific actions to be followed in such an event. The policy referenced to *Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Services Executive Children and Family Services, 2012*. Each of the young people living in the centre had an individual absence management plan devised upon admission in consultation with their allocated social worker, and these were being reviewed monthly as required under the protocol. Unauthorised absences from the centre were not a feature for either of the young people living in the centre at the time of this inspection.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The centre had a number of policies and procedures relating to the management of behaviour including, sanctions policy, risk management policy, clinical guidance policy, bullying policy, significant event policy, and guidance for engaging with An Garda Siochána. These policies centred on the reinforcement of positive behaviour and on a restorative approach which intended to achieve a learning outcome in line with the model of care. The practices used, include natural consequences such as completing specific chores and tasks and the use of directed apologies. The centre avoided the use of financial incentives with young people when encouraging positive behaviour.

The policies on managing behaviour stated that the centre staff would be appropriately trained in the use of a recognised model of behaviour management and that there would be a review of critical incidents. All significant events were reviewed within the centre by the social care manager and by the regional manager through the organisation’s online system. They were subsequently reviewed formally each month at the organisation’s Significant Event Review Group (SERG) which was a detailed analysis of the incidents and which was linked to the behaviour management approach and the STEM model of care. It was not clear to inspectors who attended these meetings. While there was comprehensive review of incidents with a reflective focus and which further created key learning points, it was not always evident how

this learning was communicated back to the core staff. Inspectors recommend that any findings from the review of SENs, is discussed at team meetings so that all staff have an opportunity to participate in the learning. Debriefing and support was offered to staff who were involved in significant events where appropriate and in line with the policy. The training database system monitored when refresher training was due and was scheduled promptly thereafter.

Inspectors noted that the Individual Crisis Management Plans (ICPMs) were an integral part of behaviour management within the centre. From review of these documents it was found that they contained information which related to behaviours which were not 'crisis' or 'outburst' behaviours as defined by the crisis cycle in the stated model of behaviour management. There was evidence that young people were involved in developing these plans and identifying their triggers. Inspectors recommend that the individual crisis management plans (ICMPs) are reviewed and that behaviour support plans/behaviour management plans are created to provide specific direction to staff on how challenging/non crisis behaviours will be managed with young people. Individual crisis management plans should also deal only with the crisis cycle and outburst behaviours. Further, interventions contained within ICMP documents were listed as triggers as opposed to issues which cause young people to move away from baseline behaviour. ICMPs must be reviewed by the behaviour management coordinator/trainer to address these issues.

Inspectors found evidence that in general the team were effectively using risk assessment processes and risk management plans to support the management of challenging behaviour. Each young person had a practice guidance document, the purpose of which was to outline daily routines and set out clear practices for specific areas such as pocket money, lunch, bedtimes, free time, access and sanctions. There was a risk assessment matrix in place which was clearly defined and understood by the team. There were a total of 31 risk assessments on file relating to internet and phone use, free time, and family access. However, for one young person who had a history in engaging in specific risk taking behaviours such as substance misuse and online contact with unknown adults, inspectors did not find evidence that safety management plans were robust enough to manage these issues effectively. Furthermore, a number of the staff interviewed stated that they had some concerns about the extent of free time recently allocated to this young person, considering the risks and the unknowns relating to their free time. While there were some safety measures in place such as linking in with the young person when out of the centre, there was residual risk which was not being addressed within the current planning. When interviewed, the social work team leader for the young person was in

agreement that this was an issue that had to be addressed and stated that the management of the risks would be reviewed in collaboration with the centre. Organisational management must ensure that the management of risk relating to one young person's free time is reviewed with the supervising social work department.

The centre had a written policy on the use of sanctions and outlined what was permitted and prohibited. All sanctions were recorded separately in a register and included evidence of the restorative practice with young people. They were reviewed and subject to oversight by the social care manager and senior managers.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 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 11, Religion
-Part III, Article 12, Provision of Food
-Part III, Article 16, Notifications of Physical Restraint as Significant Event.

Required Actions

- Regional and centre management must ensure that ICMPs are reviewed by the behaviour management coordinator/trainer in relation to the inclusion of appropriate content.
- Organisational management must ensure that the management of risk relating to one young person's free time is reviewed with the supervising social work department.

TÚSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

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. Not all criteria assessed under standard 10.

3.10.2 Practices that met the required standard in some respect only

Accommodation

This was a medium size property on its own grounds with a garden space to the rear of the building. The centre was adequately lit, heated, ventilated and had suitable facilities for cooking and laundry and all equipment was as domestic in style as possible. Inspectors found that young people had a room to themselves and a private space was available within the centre for young people to have visits from friends, family members or social workers. Young people also had access to a space within the centre where their personal belongings could be kept safely and securely. Staff had involved young people in decision making when redecorating their bedrooms, including choosing colours for their rooms and painting them together.

While the centre was clean and tidy during the onsite visit, inspectors observed that aspects of the physical premises required some attention to ensure that it was decorated to a standard which created a pleasant ambience. The stairs area in particular needed attention regarding its bareness and its lack of carpet on the steps. The centre must be decorated to a standard which creates a pleasant ambience. The physical premises must be included in weekly governance reports, management meetings and reviewed through internal and external auditing processes.

3.10.3 Practices that did not meet the required standard

None Identified. Not all criteria assessed under standard 10.

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

Required Actions

- The centre manager must ensure that the centre is decorated to a standard which creates a pleasant ambience. The physical premises must be included in weekly governance reports, management meetings and reviewed through internal and external auditing processes.

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.2	Regional management must ensure that the auditing processes are reviewed, so that all deficits are captured and addressed in order to guarantee robust governance.	Auditing processes in operation were reviewed in full by senior management in 2019. These are completed on a monthly basis. The organisation is confident that all deficits including staffing levels are captured in our current structures to guarantee robust governance	The organisation has a series of governance tools which capture all staffing requirements within our centres such as the weekly governance report, regional management meetings, senior management meetings along with a specific vacancy report conducted by our HR department on a weekly basis. The HR department is actively engaging in recruitment campaigns to ensure appropriate staffing levels are in place.
	Organisational management must make every effort to ensure staff retention in the centre in support of consistency and the effective implementation of the model of care.	The organisation is heavily invested in all efforts relating to staff retention. The organisation has introduced mechanisms such as additional annual leave for staff following two years of service, incremental pay scale for Social Care Workers, a health benefit scheme, training and on-call allowance where applicable. More recently	The organisation is also introducing an employment health check questionnaire effective from September 2019 for all employees. This will capture further potential staff retention methods that could be considered.

		the organisation has developed a consultation forum, providing an information sharing and consultation space for staffing representatives and the organisation to engage in. The first meeting was conducted on 13.6.19, and will be held quarterly. The second forum meeting is scheduled for 18.9.2019. This forum is coupled with a suite of staff benefits to assist with staff retention.	
	Organisational management must ensure that actions from inspection processes are fully implemented as a matter of priority following feedback and inspection reports.	Daffodil Care will ensure all inspection feedback and recommendations are acted upon in a timely manner, ensuring compliance.	The Organisation has implemented a number of systems such as weekly governance reports, full centre audits, regional management led audits, and quality assurance led themed audits, and senior management site visits, all of which interact to ensure that all actions arising from inspection processes are implemented as a matter of priority.

	Organisational management must ensure that the centre has sufficient staff at all times in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 7, Staffing*. Organisational management must ensure that all vetting takes place in line with the Department of Health circular in respect of the recruitment and selection of staff to children's residential centres 1994.	In accordance with the Standards in Children's Residential Centres, Regulations 1996 Part III, Article 7, Daffodil Care Services ensure appropriate staffing levels are rostered on shift at all times and tailored as appropriate to ensure child and staff safety. Rosters are based on effective risk assessments and the young person's best interests, taking into consideration relevant factors including young people's presentation, history, access, arrangements, educational attendance and potential impact of supervision levels. The centre has reviewed all vetting for the staff team and the relevant application of vetting for one staff member has occurred on 23.5.19	The organisation will continue to ensure that the centre has sufficient staffing at all times. The organisation has reviewed their system for Garda vetting renewal. Tracking and recording of all Garda vetting for centre staff teams will be noted on each centre's training audits going forward. This is effective from 24.7.19. This additional process will provide a dual auditing process.

3.6	Regional and centre management must ensure that ICMPs are reviewed by the behaviour management coordinator/trainer in relation to the inclusion of appropriate content. Organisational management must ensure that the management of risk relating to one young person's free time is reviewed with the supervising social work department.	The organisation has scheduled a comprehensive ICMP review for all young person's resident in the centre with the organisation's Behaviour Management trainer. This review, and feedback session for the team will occur by 24.07.19. The centre and regional management conducted a free-time review meeting with the relevant social work department on 4.7.19. The level of risk along with protective factors in place was reviewed and agreed alterations to the free-time arrangement were conducted and agreed by all parties.	The organisation is committed to ensuring ICMP documentation will be utilised by staff to support and guide interventions where crisis may occur. The team will receive in-house ICMP development training with the organisation's Behaviour Management trainer on a need-led basis going forward. The centre will ensure the risk register is reflective of the level of risk pertaining to free-time arrangements, whilst also indicating the protective factors and management plan the centre will conduct to support the young person's peer development.
3.10	The centre manager must ensure that the centre is decorated to a standard which creates a pleasant ambience. The physical premises must be included in weekly governance reports, management meetings and reviewed through internal and external auditing processes.	The centre manager will ensure to document any decorative works requested and or completed on the premises within the weekly governance report effective from 22.7.19	The organisation as part of their national auditing schedule will ensure a themed audit is conducted in all centres to review the physical premises, decorative works requested and completed, along with suggested recommendations. This themed audit is due for completion on the current schedule for October 2019.