



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 193

Year: 2024

Inspection Report

Year:	2024
Name of Organisation:	Brighter Futures For Children
Registered Capacity:	Two Young People
Type of Inspection:	Unannounced
Date of inspection:	20th, 21st and 22nd February 2024
Registration Status:	Registered from the 17th May 2024 to the 17th May 2027
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	21st May 2024

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	8
3. Inspection Findings	9
3.1 Theme 2: Effective Care and Support (Standard 2.3 only)	
3.2 Theme 3: Safe Care and Support (Standard 3.2 only)	
3.3 Theme 6: Responsive Workforce (Standard 6.1 & Standard 6.3 only)	
4. Corrective and Preventative Actions	21

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 17th May 2021. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from the 17th May 2021 to the 17th May 2024.

The centre was registered to provide multi-occupancy placements, for up to two young people aged thirteen to seventeen years on admission. The centre's stated objectives were to provide a safe and structured residential environment with a high level of support in line with *The Three Pillars Model of Care (Three Pillars of Transforming Care, Bath and Seita, 2018)*. The model was based on three key elements: safety, connections and coping. The therapeutic approach focused on emotional containment and positive reinforcement to assist young people to develop internal controls of behaviour and to promote resilience and responsibility. There was one child living in the centre at the time of the inspection. The centre was granted a derogation to care for this child as they were under 13 years of age on admission which was outside the centres registered age range set out in their statement of purpose.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
6: Responsive Workforce	6.1, 6.3

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

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young person, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 11th April 2024. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 1st May 2024. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 193 without attached conditions from the 17th May 2024 to the 17th May 2027 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

The inspectors found the home to be in a poor state of repair and the premises did not have a homely ambience. Since the last inspection there was an evident decline in the physical aspects of the premises. There was evidence the team had made efforts to enhance the environment however, the centre had sustained ongoing property damage over previous months. The inspectors found the home was not decorated or adapted to meet the child's specialised needs. Overall, the furnishings and fittings were worn, shabby or in a state of disrepair. The child's bedroom was sparse and was not personalised or child-centred in appearance. The cover on the toilet cistern in the child's bathroom was broken and removed. The staff sofa bed was found to be in a poor state of repair and required immediate attention. The external areas around the premises required upgrading as did the entrance driveway to the property. There were no outside recreational facilities for the child however the registered proprietor/director and centre manager stated they planned to replace play equipment that was subjected to storm damage over the winter.

The maintenance logs and external audits evidenced that the maintenance requirements were outstanding for a significant period of time. There was evidence they were discussed at senior management meetings and in team meetings however were not addressed in a timely manner. The inspectors also found additional maintenance requirements that were not recorded on the maintenance logbook. The handover records indicated that team members were requested to paint walls within the centre and the inspectors were of the view this was an unreasonable expectation in light of the needs of the child in placement and the inspectors' findings of inadequate staff resources which will be outlined later in this report.

While inspectors saw evidence of cleaning schedules some areas of the home required attention. Interviews with staff and centre records evidenced that due to the child's presentation and the deficits in staffing resources it was difficult at times to complete general household tasks and centre paperwork. At the time of the inspection resources were approved to employ housekeeping support in particular over the weekend period when the child was not in school.

The inspectors found that overall, the premises were not maintained to an acceptable standard. The registered proprietor must ensure all maintenance requirements are attended to as a matter of priority and a decorative upgrade of the premises is undertaken. Additionally, the inspectors advise that the deputy directors and the centre manager engage with specialists who can advise on adapting the home and make it a safe and stimulating environment to meet the specific needs of the child in placement.

There was written confirmation furnished to the inspectorate that all statutory requirements relating to fire safety and building control were complied with when the centre was first opened in 2021. The inspectors found the standard in relation to fire safety was not met at the time of the inspection. Two fire doors in the centre were damaged and were not operating effectively. The centre's fire register indicated that weekly internal checks were undertaken on the fire doors and were reported on the register as operating effectively. Issues in relation to the fire doors were highlighted in external audits and in team meeting records and their potential impact on fire safety and health and safety in the workplace was noted. The director confirmed that damaged fire doors were previously repaired however were subsequently damaged again prior to the inspection.

The inspectors found there was no fire blanket in the kitchen and this was not recorded as an issue on the fire register following internal fire safety checks undertaken by the team. The centre's fire register for 2024 was not completed as required. The fire panel in the centre was secured in a locked cabinet however the key to the cabinet was not easily accessible for staff should they require access to the fire panel. Fire extinguishers were moved from the fire points due to health and safety concerns and were stored in staff offices. The decision to move the fire extinguishers from the appointed areas was due to safety concerns and was subject to a risk assessment. However, there was no fire extinguisher located in the kitchen area and the staff members did not have easy access to the fire extinguishers which were located behind two locked doors. The service check for 2023 was evidenced on

the fire extinguishers however there was no fire extinguisher service certificate on record. Additionally, there was no inventory list of the firefighting equipment thus the inspectors were unable to assess if all the approved/designated fire extinguishers were on the premises.

There were no service engineer reports on file for the quarterly maintenance check of the emergency lighting and fire alarm system. The centre's fire register evidenced the dates of the maintenance services undertaken by the engineer in April, September and December 2023 however the service reports were not on file.

The fire registers did not evidence that all members of the team had undertaken fire safety and fire evacuation training. The centre manager must ensure that all staff have completed fire training and that training certificates are evidenced on file in the centre. There was evidence on the register of regular fire drills and staff interviewed confirmed drills were undertaken during the hours of darkness however the register did not evidence these drills. Additionally, there was no evidence on the fire register that newly appointed staff had undertaken a fire drill when they commenced employment.

The inspectorate issued an immediate action notice (IAN) to the registered proprietor following the inspection that set out actions to be addressed as a matter of priority in relation to the fire safety and maintenance of the premises. The registered provider furnished the inspectorate with evidence these immediate concerns were addressed.

There was no centre specific safety statement at the time of the inspection. The proprietor evidenced they had sourced external health and safety experts to complete the health and safety statement and this was to be completed in the coming weeks. The centre manager must ensure that the centre's safety statement is reviewed annually. Additionally, the names and where applicable, the job title or position held of each person responsible for performing tasks assigned to him or her under health and safety legislation should be identified on the safety statement in line with section 20(e) of the Safety, Health and Welfare at Work Act, 2005, for example first aid responders and health and safety representatives.

There were procedures in place to manage risks to health and safety. The registered proprietor submitted evidence of adequate insurance in place. There were systems in place to assess and review environmental risks. Staff members were assigned specific duties under fire safety and health and safety. Annual PAT tests (portable appliance testing) were undertaken on the portable electrical appliances in the home. Gas

safety checks were completed annually and evidenced on the centre records. All cleaning materials were stored securely, and medicines were stored in locked cabinet. A record was maintained of all medications administered including pro re nata (PRN) medications. The inspectors found additional medication administration records from 2023 located in an office drawer and not on the child's care records as required. The centre manager must ensure that all care records are maintained in a secure and effective manner in line with general data protection guidelines.

There were a sufficient number of first aid boxes in the centre and evidence they were monitored to ensure sufficient supplies were maintained. Staff members were trained as first aid responders. There were systems in place to record and reports accidents and injuries that occurred in the centre. Accidents and injuries to staff were reported on and forwarded to the services human resources manager and placed on the staff member's personnel file. The inspectors found in one instance the registered proprietor had not reported a staff accident/injury to the Health and Safety Authority in line with the requirements of the Safety, Health and Welfare at Work Regulations 2016. The registered proprietor on becoming aware of the requirement immediately reported the incident to the relevant authority on the day of the inspection. This reporting requirement must be incorporated into the centre's health and safety policy. Accidents and injuries as they related to the child were reported to the social worker and an accident/incident report was placed on the care file. Additionally, there was no accident report on the relevant staff members personnel file in line with centre procedures. The deputy director must ensure that the accident report is placed on the staff member's file.

The centre vehicle was found to be roadworthy, taxed and driven by staff who were legally licenced to drive the vehicles. The vehicle insurance documentation was made available to the inspectors however the insurance disc was not displayed on the vehicle windscreen as required. The centre manager must ensure a replacement insurance disc is secured. The required safety equipment in the event of emergency or breakdown was located in the centre vehicle. There were systems in place at handover and at team meetings to review vehicle safety checks and maintenance requirement.

A copy of each staff members driving licence was maintained on their personnel file and there were systems in place to monitor penalty points that staff members may accrue on their licence.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 15 Regulation 17
Regulation not met	Regulation 8 Regulation 13 Regulation 14

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Standard 2.3

Actions required

- The registered proprietor must ensure the premises is maintained to a sufficient standard and that all maintenance requirements identified by the inspectors are addressed as a matter of priority.
- The centre manager must ensure the child's bedroom is personalised and appropriately decorated to create a warm, child-centred ambience.
- The registered proprietor must ensure the provision of suitable and appropriate outdoor recreational facilities and all outdoor play equipment is of an appropriate and accessible standard. The outdoor spaces, which are part of the premises, must be safe, secure and well maintained including the entrance driveway.
- The registered proprietor must ensure the centre is fully compliant with the requirements of the fire safety legislation.
- The centre manager must provide evidence that all staff have completed fire training and that training certificates are on file in the centre.
- The centre manager must ensure that the centre's maintenance logbook is maintained up to date and is subject to monitoring and review with regard to the timeframes to resolve maintenance issues.
- The centre manager must ensure that all care records are maintained in a secure and effective manner in line with general data protection regulations.
- The centre manager must submit the centres safety statement to the inspectors when completed and have systems in place to ensure the centre's safety statement is reviewed annually by the team.

- The registered proprietor must ensure they carry out their responsibilities in line with the requirements of the Safety, Health and Welfare at Work Regulations 2016.

Regulation 5: Care Practices and Operational Policies

Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The centre had a range of policies and procedures in place that guided the management of behaviour that challenged and overall, the inspectors found there was a positive approach to the management of behaviour. Staff members interviewed by the inspectors displayed a good understanding of the child's presentation and an understanding of the impact of trauma on children. Interventions were adapted based on the child's presentation using positive choice techniques, praise and positive reinforcement and an awareness of particular triggers for the child and how to manage the environment and the daily routines. Individual work and key working evidenced that the care team explored the child's perspective following an incident and validated the child's feelings. The staff regularly checked in with the child about the 'ups and downs' of their day. The child told the inspector's that they liked living in the house and liked the adults who cared for them. The stated they had a say in their plans for the week and there was evidence the care staff helped them to pursue hobbies and interests. There was evidence of the child's voice in the daily logs and individual work records. The child was in a single occupancy arrangement and there were no reported incidents of bullying within the school environment or within their community activities.

The care files evidenced that staff had access to a comprehensive range of written reports prior to the child's admission and these reports informed the individual risk assessments that were reviewed at team meetings and handover meetings. The team were trained in behaviour management prior to commencing employment and a decision was recently made to schedule refresher training every three months due to the intensity and frequency of behaviour that challenges. Behaviour management was discussed at senior management meetings. Learning outcomes were relayed to the staff team following analysis by senior staff and external managers. The inspectors found evidence of regular reviews of significant events and

implementation of agreed de-escalation techniques. Physical restraint interventions were employed and there were systems in place to report, record and review these interventions. Advice, support and guidance from the deputy director, who was a certified trainer in the behaviour management approach, was evident on the care files and centre records.

The social worker confirmed there was open communication with the placing authority in relation to the management of behaviour that challenges. The social worker was satisfied that the team supported the child in a positive manner and they were made aware of any changes to the behaviour intervention strategies. They stated they were informed about significant events in a timely manner. Physical restraint interventions were outlined on the child's individual crisis support plan and this plan was subject to regular review. The young person had a comprehensive placement support plan (PSP) that was updated monthly. The PSP outlined high-risk behaviours, interventions, behaviour routines, ineffective interventions and routine management. There was an absence management plan on file and a risk assessment in place should the child absconded outside of the jurisdiction. There were no incidents of the child missing from care to date. The social worker confirmed the placement support plan was shared with them when updated by the team.

Staff described model of care as attachment-based and trauma informed care. The deputy director stated that newly appointed members of the team were scheduled to undertake training in the model of care in July 2024 and staff members who previously completed this training would update their training at this time. Additionally, the deputy director had scheduled a presentation on the model of care to the team in March 2024. Despite the deficits in formal training in the model of care the inspectors found that the team implemented an attachment-based approach and displayed a good understanding of the impact of trauma on children's behaviour. The care approach was also guided by a number of external therapists. There was regular communication with the social worker and with the therapeutic support social worker and other specialist services within the placing authority as required. Guidance and direction provided by external professionals and clinicians was implemented by staff and evidenced in the care records. There was good collaboration between school personnel and the team where information and knowledge were shared to support behaviours both at home and at school. The team had undertaken additional online training to increase their knowledge base and skills set to meet the specific needs of the child. While the child presented with complex needs and behaviour that challenged there was evidence of periodic progress in some areas of their presentation since admission to the centre.

There was evidence that staff reviewed their sanctions-based approach and the current focus was on consequences that would reinforce learning and were linked to the misdemeanour. Staff addressed behavioural challenges with the child in the context of safety for all. Life space interviews were completed following serious incidents in line with the model of behaviour management. There was evidence that staff members connected emotions and feelings to behaviour as advised by the external therapist. A record was maintained of all consequences for unsafe behaviour. The inspectors found that the consequences recorded were, as far as possible, linked to the child's behaviour. The inspectors found there were a considerable number of consequences recorded on the care file however there was no evidence of oversight or review of the consequences by management to ensure they were effective in terms of learning for the child.

An external audit on the provision of positive behavioural support and monitoring the residential centre's approach to managing behaviour that challenges had not been undertaken since the child was admitted. The registered provider must ensure that regular auditing of the centres approach to managing behaviour is undertaken particularly when behaviour that challenges is persistent, at the higher end of the risk matrix and impacting on the child and on staff safety and retention.

There were a number of restrictive practices in place to support safe care. Risk assessments were completed in relation to restrictive practices. The centre had a procedure in place to maintain a record of all restrictive practices. There was evidence that all restrictive practices in place were agreed with the social worker.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 3.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure that regular auditing of the centres approach to managing behaviour is undertaken particularly when behaviour that challenges is persistent, at the higher end of the risk matrix and impacting on the child and on staff safety and retention.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Overall, the inspectors found this standard was not met. While there was evidence of workforce planning at senior management level and evidence of an on-going recruitment campaign, inspectors found there were insufficient and inadequate staffing resources to meet the needs of the child. Additionally, the staff numbers available to work in the centre did not meet the minimum requirement of Tusla's Alternative Care Inspection and Monitoring Service regulatory notice on staffing (June 2023). At the time of the inspection there were four full time social care staff and the deputy manager available to work on the roster. There was evidence that staffing deficits and changes in centre management had impacted on the consistency of care and the ability of staff to complete the required paperwork and maintain the environment. Centre managers were also unable to fully execute their management roles and responsibilities due to the staffing deficits. This impacted on the provision of staff supervision and support, the oversight and completion of centre records and attention to the overall maintenance and upkeep of the home. The centre records evidenced that staffing deficits had impacted consistently on the centre's operation since July 2023. A review of staff rosters evidenced that the required 2: 1 staffing ratio was maintained on all but one occasion whereby the registered proprietor worked with the child on a 1:1 basis during the daytime for a number of hours. The registered proprietor notified the placing authority in writing of this situation which arose due to staffing deficits.

In terms of the workforce the inspectors found there was a high turnover of staff, with over thirty individual staff members working directly with the child since their admission to the centre in August 2023. The manager, deputy manager, registered proprietor and deputy director were all working across the roster at the time of the

inspection. This impacted on their ability to attend fully to their core management responsibilities. Additionally, staff were redeployed from another centre within the service or alternatively staff members volunteered to undertake additional shifts as required. The inspectors found the identified relief staff members were not available to undertake any relief work at the time of the inspection.

The child displayed high risk behaviour at times and the registered proprietor had made staff changes as necessary to ensure the welfare and wellbeing of staff, thus two members were redeployed. Two additional team members were on extended leave, one due to a significant injury sustained in work and another staff member was on health and safety leave. There were four social care staff available to work at the time of the inspection, one of these four staff had commenced work a week prior to the inspection. Staff turnover impacted on the continuity and stability of care for the child. Staff and managers interviewed were of the view that the absence of a stable consistent team correlated with an increase in high-risk and challenging behaviour displayed by the child. Additionally, the absence of a stable consistent team impacted on their ability to operate in line with their stated purpose and function and model of care. However, despite the staffing crisis and deficits in staffing resources the inspectors found that the remaining core team members along with the external and internal managers displayed a positive commitment to the child. The social worker also expressed this view.

Exit interviews were offered to all staff who resigned or left the service. The inspectors reviewed exit interviews that were undertaken. The human resource manager had systems in place to track resignations and exit interviews. The service had undertaken a staff satisfaction survey and the findings of this survey was shared with senior managers. The registered proprietor must ensure feedback from exit interviews and staff surveys informs the centre's staff retention strategies.

There were formalised procedures for on-call arrangements at evenings and weekends and staff interviewed informed the inspectors this was a reliable and responsive arrangement.

Standard 6.3 The registered provider ensures that the residential centre supports and supervise their workforce in delivering child-centred, safe and effective care and support.

Staff interviewed displayed a clear understanding of their roles and responsibilities and they were clear on the management and reporting structures. Job descriptions

were evident on staff personnel files. Efforts were made to support staff through measures such as the provision of a six-week wellbeing course for staff and there were plans to facilitate a workshop on vicarious trauma when the full team complement was secured. Team meetings were undertaken on a fortnightly basis and there was evidence of good attendance and active participation by the team members.

The staff interviewed stated that there was a culture of learning within the team and staff members took the time to reflect on their practice at the end of the shift. The inspectors found there were significant gaps for staff in the provision of regular supervision due to staffing deficits and this impacted on the support afforded to them during stressful and challenging incidents. For staff who had worked in the centre for a longer period of time they had experienced changes in the centre management over the past ten months. Additionally, during the course of this inspection the centre manager resigned from their role and consequently this will result in another change in management for the staff team and the child in placement.

The inspectors found significant gaps in supervision practice and supervision records from May to September 2023 when another centre manager was in post. At the time of the inspection the centre manager was not trained to undertake supervision of staff members. Supervisor training was scheduled to be undertaken by the centre manager however as noted above the centre manager resigned from their post during the inspection. One staff member had commenced employment in January 2024 and had not received formal supervision prior to a decision to transfer them to another centre. The supervision policy outlined that more frequent supervision would occur during the initial stages of employment however there was no evidence of additional or more robust supervision practice for newly recruited staff members. At the time of the inspection the deputy manager and deputy director had provided staff supervision and there was evidence that supervision was now more aligned to the centre's supervision policy.

The inspectors found that annual appraisals were not undertaken with the relevant staff in line with centre policy. This was highlighted in external audits and noted by the human resource manager at senior management meetings. The deputy director stated there were plans in place to schedule the staff performance appraisals that were outstanding.

Staff interviewed by the inspectors confirmed they had access to supports such as welfare checks, debriefing and an external employee support service. Employees were also offered occupational health support and external counselling in

circumstances where they were impacted by the work or required additional external supports.

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

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.3
Practices did not meet the required standard	Standard 6.1

Actions required

- The registered proprietor must ensure there are sufficient and adequate staffing resources to meet the needs of the child. Additionally, the staff numbers available to work in the centre must meet the requirements of Tusla's Alternative Care Inspection and Monitoring Service regulatory notice on staffing dated June 2023.
- The registered proprietor must ensure there are adequate relief staff available to cover annual leave, sick leave, maternity leave and to provide contingency cover for emergencies.
- The registered proprietor must ensure feedback from exit interviews and staff surveys informs the centre's staff retention strategies.
- The centre manager must ensure that all staff members are provided with regular supervision in line with the centre policy and that records of supervision are maintained on file and signed by both the supervisor and the staff member.
- The centre manager and the external manager must ensure that each individual staff member's performance is formally appraised at least once a year and a written record is kept of each performance appraisal and signed by both the supervisor and the staff member.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The registered proprietor must ensure the premises is maintained to a sufficient standard and that all maintenance requirements identified by the inspectors are addressed as a matter of priority.	All maintenance requirements identified by the inspectors were addressed immediately.	Managers and deputy managers have been advised that all maintenance requirements must be reported to the registered proprietor immediately. The registered proprietor will be responsible to ensure each requirement is addressed immediately where the maintenance requirement constitutes a safety concern. Other maintenance requirements will be addressed within one week.
	The centre manager must ensure the child's bedroom is personalised and appropriately decorated to create a warm, child-centred ambience.	The staff have decorated the young person's room as requested by the young person. Staff have purchased a chest of drawers for his room, purchased a black out curtain, a new beanbag and new bedding.	Staff will continue to support the young person with selecting items for his room. If items get destroyed, staff will replace these in a timely manner as required.
	The registered proprietor must ensure the provision of suitable and	The young person has access to; football nets, a trampoline, large tyres (regulating	As the weather improves this item will be brought to the team meeting fortnightly, to

	<p>appropriate outdoor recreational facilities and all outdoor play equipment is of an appropriate and accessible standard. The outdoor spaces, which are part of the premises, must be safe, secure and well maintained including the entrance driveway.</p> <p>The registered proprietor must ensure the centre is fully compliant with the requirements of the fire safety legislation.</p> <p>The centre manager must provide evidence that all staff have completed fire training and that training certificates are on file in the centre.</p> <p>The centre manager must ensure that the centre's maintenance logbook is maintained up to date and is subject to</p>	<p>activity) rugby, football and multiple other games to play outdoors. The trampoline has now been reinstated after the damage caused by the recent storm. A new layer of gravel has been ordered and is due to arrive the week of 29.04.24 for distribution on the driveway.</p> <p>The centre is fully compliant with an annual and quarterly checks, completed by a local reputable company. The certificate has now been placed on display, inside the fire box.</p> <p>All staff have completed online fire safety training and this is evidenced on the training spreadsheet, with individual certificates stored in personnel files. All new staff will have this training completed by 14.05.24.</p> <p>To date, all outstanding maintenance items have been addressed.</p>	<p>check on the provision of suitable and appropriate items and agreements made to purchase more, when necessary.</p> <p>Quarterly checks have been booked in for the remainder of the year. The most recent took place on the 7th March and the next visit is due on 7th June 2024.</p> <p>We have included completion of this training at induction level, as one of the mandatory trainings that must be completed before commencing shifts.</p> <p>The centre management will now check the maintenance log every Friday, for new or missed entries. These maintenance</p>
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	<p>monitoring and review with regard to the timeframes to resolve maintenance issues.</p> <p>The centre manager must ensure that all care records are maintained in a secure and effective manner in line with general data protection regulations.</p> <p>The centre manager must submit the centres safety statement to the inspectors when completed and have systems in place to ensure the centre's safety statement is reviewed annually by the team.</p> <p>The registered proprietor must ensure they carry out their responsibilities in line with the requirements of the Safety,</p>	<p>On one previous occasion, confidential information was not secured in accordance with the organisations policies and general data protection regulations. This was an unfortunate oversight. The current centre manager has now moved all care records to a locked storage facility within a locked office.</p> <p>A copy of an updated health and safety statement, for another home within the service, was produced during inspection. A copy of the centre's safety statement is now available, printed and the signed statement sheet on display in the centre. A copy of the centre's full safety statement was forwarded to the inspectors.</p> <p>The registered proprietor has ensured the deputy director and centre manager have identified the names, the job title and</p>	<p>requirements will be passed to the registered proprietor immediately.</p> <p>The deputy director and centre management will ensure all confidential documents are secured in accordance with the organisational policies, and general data protection regulations.</p> <p>Centre management will submit a copy of the health and safety statement with this form. The centre manager will ensure the health and safety statement is reviewed annually by the full staff team.</p> <p>The registered proprietor will ensure that the deputy director and centre manager have assigned names and job titles for such</p>
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	Health and Welfare at Work Regulations 2016.	<p>position held for each staff member responsible for performing tasks assigned to him or her under health and safety legislation. This is recorded within the safety statement in line with section 20(e) of the Safety, Health and Welfare at Work Act, 2005.</p> <p>The centre's safety statement is reviewed annually. The reporting requirement for staff accident/injury to the Health & Safety Authority in line with the Safety, Health and Welfare at Work Regulations 2016, has been incorporated into the centre's health and safety policy.</p>	roles when positions are allocated and/or change.
3	The registered provider must ensure that regular auditing of the centres approach to managing behaviour is undertaken particularly when behaviour that challenges is persistent, at the higher end of the risk matrix and impacting on the child and on staff safety and retention.	Regular monthly cross-house audits will continue, focusing on the themes within The National Standards for Children's Residential Centres. Alongside this, the deputy director, will begin, as of May 2024 to audit practices within the centres, which will include auditing the centre's approach to managing behaviours. The deputy director will ensure the competency of auditors by providing training on	From May 2024, audits of practices will commence by the deputy director.

		<p>completion of audits during induction. This training will also then be repeated after the first three months in employment.</p> <p>The learning from significant events is being discussed within each senior management meeting and suggestions of how best to manage behaviours are being discussed. This is then shared with the staffing team at their team meetings.</p>	
6	<p>The registered proprietor must ensure there are sufficient and adequate staffing resources to meet the needs of the child. Additionally, the staff numbers available to work in the centre must meet the minimum requirements of Tusla's Alternative Care Inspection and Monitoring Service regulatory notice on staffing dated June 2023.</p> <p>The registered proprietor must ensure there are adequate relief staff available to cover annual leave, sick leave, maternity leave and to provide</p>	<p>The registered provider acknowledges that recruitment efforts have been continuing and the process had proved difficult. The centre now has a full quota of staff. Interviews are ongoing to create panels for all positions. The human resource manager is overseeing this process and is doing so in line with the ACIMS regulatory notice dated June 2023.</p> <p>There are now five relief staff members available to the centre, all of whom hold a level 7 or 8 qualification in health and social care.</p>	<p>The human resource manager will continue this process until at least two people are available on panel, retained for 12 months, for both social care workers and social care team leader's posts.</p> <p>Recruitment efforts will remain ongoing until at least eight members of relief staff are available.</p>

	<p>contingency cover for emergencies.</p> <p>The registered proprietor must ensure feedback from exit interviews and staff surveys informs the centre's staff retention strategies.</p> <p>The centre manager must ensure that all staff members are provided with regular supervision in line with the centre policy and that records of supervision are maintained on file and signed by both the supervisor and the staff member.</p>	<p>The registered provider has requested that feedback from exit interviews be added as a standard agenda item for the senior management meetings from May 2024. Staff surveys will also be sent out quarterly to the teams via survey monkey. The most recent survey was sent at the beginning of April 2024 and results from this will be discussed the senior management meeting on 15th May 2024.</p> <p>As noted in draft report, supervisions are now in line with centre policy. The new centre manager has completed supervision training and has commenced supervisions. The centre manager will complete the supervision of the deputy manager and social care team leaders. The deputy manager will complete the supervisions of the social care workers and the deputy director completes the supervision of the house manager. These will continue to be scheduled for every 4-6 weeks.</p>	<p>Consistent monthly conversations at senior level in relation to exit interviews and staff surveys should provide adequate information to inform retention strategies and address issues in a timelier manner.</p> <p>A supervision schedule for each quarter will be drawn up to ensure the timely completion of supervision.</p>
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