



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 165

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Announced Themed Inspection
Date of inspection:	10th and 16th May 2022
Registration Status:	Registered from 31st of October 2019 to the 31st of October 2022.
Inspection Team:	Janice Ryan Linda Mc Guinness
Date Report Issued:	29th August 2022

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1. Information about the inspection process

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

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

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

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

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

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

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 31st October 2019. 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 31st of October 2019 to the 31st of October 2022.

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

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.3 only
5: Leadership, Governance and Management	5.2 only
6: Responsive Workforce	6.1 only

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, examined how professional staff work with children and each other and discussed the effectiveness of the care provided. Where required 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.

Whilst this was a review specifically of the staffing requirements in the centre, the inspectors expanded their methodology to review the specific management and governance and oversight of one incident in the centre.

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

2. Findings with regard to registration matters

A draft report was issued to the centre manager, senior management and the relevant social work departments on the 10th June 2022. The registered 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 continued registration decision for this service.

The centre manager returned the report with a completed action plan (CAPA) on the 24th June 2022.

The findings of this report and assessment of the submitted CAPA deem the centre not to be in compliance with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 5, Care Practices and Operational Policies or Article 7, Staffing. As such it is the decision of the Child and Family Agency to continue to register this centre, ID Number: 165 with an attached condition from the 31st of October 2019 to the 31st of October 2022 pursuant to Part VIII, Article 61, (6) (a) (i) of the Child Care Act 1991.

The attached condition being:

- There shall be no further admissions of a young person to this centre until such time the centre has fully implemented the corrective and preventative action plan and is compliant with the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III Article 5: *Care Practices and Operational Policies*, so that appropriate suitable care practices and operational policies are in place, having regard to the number of children residing in the centre and the nature of their needs.

The condition will be reviewed on or before the 15th February 2023.

3. Inspection Findings

Theme 3: Safe Care and Support

Standard 3.3 Incidents are effectively identified, managed, and reviewed in a timely manner and outcomes inform future practice.

Regulation 16: Notification of Significant Events

There were policies in place for the notification, management, and review of incidents. The inspectors reviewed a serious incident for one young person in the service which took place on the 29th April 2022. On review of the significant event policy and on call policy the inspectors found that the service had not followed the organisation's policies. There were a number of deficits as follows:

1. The written notification of this incident had not been notified to Children's Residential Services (CRS) within 48 hours of the significant event (72 hours in the case of a weekend. This took 14 days to notify to CRS and social work were notified via email four days later.
2. Senior management were not notified immediately following the event despite the extremely serious nature of the incident.
3. Information and direction from the on-call person was not recorded.
4. The length of time for a significant event or critical incident review to take place was not timely given the seriousness of the incident.

The inspectors found that there were serious deficits in a response to the management of this incident in the centre. There was no written evidence that the on-call manager gave appropriate direction and guidance to safeguard a young person following the serious incident. While the incident was well managed and an appropriate response was given by both staff members on shift, the inspectors found that the additional safeguards and assurances provided by people in senior positions of management subsequent to this event were not put in place. This resulted in a lack of an appropriate safeguarding plan being implemented following this serious event.

At the time of this inspection the inspectors found that a critical review of this incident had yet to take place almost two weeks after the incident. Following this inspection, a review was provided to the Alternative Care Inspection and Monitoring Service (ACIMS) however, inspectors found that this did not adequately address all issues identified.

Moreover, the risk assessment put in place after this critical incident was not followed by staff and the young person was exposed to the potential of further significant harm. There was no evidence of appropriate follow up or review by senior management on this.

This incident was not reported, recorded, or reviewed in a timely manner. The policies and procedures in place for the notification and management of incidents were not robust and improvements are required in this regard.

Compliance with Regulation	
Regulation not met	Regulation 16

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Not all standards were assessed
Practices did not meet the required standard	Standard 3.3

Actions required

- The registered provider must ensure that the policies in place for the notification, review and management of significant events are followed and reviewed in line with best practice for example the on-call policy, significant event policy and risk assessment and management policy.
- The registered provider must ensure that training is provided to all staff members in these policies i.e. (on call policy, significant event policy and risk assessment and management policy).
- The registered provider must ensure a more comprehensive review takes place of the serious incident to include deficits highlighted during this inspection.
- The registered provider must ensure that learning from this serious incident review is used to inform the development of best practice and appropriate actions are taken to improve service provision and manage risk.
- The registered provider must take immediate action to ensure there are appropriate measures in place to ensure that all incidents are reported, recorded, and reviewed in a timely manner.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance, and management arrangements in place with clear lines of accountability to deliver child-centred, safe, and effective care and support.

The inspectors found that on review of a serious incident it evidenced that leadership was not demonstrated at all levels to ensure quality and safe care. During this significant incident systems to effectively manage risk including a designated person to contact in an emergency was not robust.

The centre had an on-call policy in place. The inspectors found that it did not provide clear guidance for the notifying of people in senior management positions in the event of someone not being available. During periods when on call is required the social care manager advised that no records of advice or direction given were kept in the centre or maintained by the person on call. The on-call system was not robust.

As part of this review staffing issues and shift practices that gave rise to concerns were found. These are discussed below. On review of a sample of senior management meetings there was no evidence of review of staffing deficits for the service and there was no discussion in relation to deficits in relief also. The minutes did not reference where or why day shifts were not being covered in the centre. Senior management meetings evidenced discussion of measures to promote staff retention.

While multidisciplinary meetings to ensure safety took place, the organisation's own response was seriously lacking. There was no evidence that staff were challenged with regards to unsafe practices or that this was highlighted at a senior management level within the organisation.

Upon review of centre records including risk registers, risk assessments, daily logs, sign in sheets, handover records, inspectors found errors and omissions which were not identified. Governance and oversight mechanisms in place failed to identify and address issues found which were evident across records.

The inspectors found that a serious incident had happened in the service and there were significant deficits in the assessment and management of the response to this incident which took place on the 29th April. Through consultation with the oncall person it was determined that live nights were required, and this was initially completed by staff on the 24-hour sleepover shift. The inspectors found that there was no dedicated live night staff implemented until May 05th six days after the incident.

A risk assessment determined that 15-minute checks were required. The inspectors found that this was not proportionate to the level of risk and was not sufficient to respond to the serious risk identified. Furthermore, on multiple occasions checks did not happen within the specified timeframe of 15 minutes and during one period of up to 40 minutes, a young person at risk absconded from the centre unknown to staff. On review of the associated risk assessment the inspectors found that the named people identified as being consulted in relation to this risk had in fact not been consulted. There was no tracking of risk and follow up actions. The inspectors found that these checks were not recorded properly or in line with assessment. Checks completed during the day were not recorded, and there was a gap between 7pm and 11pm in which there was only 2 staff members on shift. The inspectors found that a third staff member should have been rostered at times whereby safety issues may occur. The centre had not completed a risk assessment to identify this risk.

Information on the most recent Individual Absence Management Plan (IAMP) following a serious incident was out of date and was not picked up by management and could have contributed to the risk to a young person. The IAMP also identified room searches/pocket searches which were not recorded, effectively managed or reviewed in line with policy.

There were policies and a risk management framework in place for the identification, assessment, and management of risk. Inspectors found that the risk register was not held in real time with no oversight from external or internal management. The thresholds around risk were not properly understood by staff and management. The scores on the risk registers were not congruent with the scores on risk assessments. Every entry from the 18th August 2021 was rated the same score of 5. For example, lower risk situations such as taking medication independently, activity planners, alarms, the use of razors were scored at the same risk level as the possible loss of life. Staff and management were not clear on the operation of the policy and there was a lack of understanding of how to manage and appropriately rate risk in the centre.

Inspectors found that both the young people had complex needs and high-risk presentation and the centre was not adequately staffed to respond effectively to this, and these risks were not highlighted through centre risk assessments or centre risk register. The last entry for staff shortages in the centre was June 2021 despite the fact that the centre was currently short staffed. There were no risk assessments on day shifts not being covered. The inspectors found that on a number of occasions where vulnerabilities were identified within the centre, the service was not effectively staffed. Some areas of vulnerability which were identified had no associated risk planning or notifications completed.

Risks for young people were wrongly entered on the centre's risk register and not the young persons register. Young person's risk assessments were also found to be poor with signatures missing and risk ratings not clear. Preventative actions identified were not evident in documents reviewed when incidents occurred. Most recently, two risk assessments in relation to a high risk had not been signed off by management.

While inspectors acknowledge that a review of the on-call policy was under way at the time of inspection, the regional manager confirmed that 17 days after a critical incident, a review of the event and organisational response had not yet commenced. Inspectors acknowledge that multi-disciplinary and strategy meetings were taking place with social work department and specialist services to determine ongoing management of risk for one young person. The inspectors found that the young person was encouraged to access specialist services.

Inspectors found overall people did not understand the risk framework/matrix which resulted in the incorrect recording of level of risks. The centre manager identified that there were deficits in the team understanding the risk management system and they had escalated this to the Human Resources Department. Three weeks later a training became available however at this centre staff were unable to attend due to numerous crises in the service.

Due to the issues found during the course of this inspection the ACIMS issued an Immediate Action Notice which required the registered provider to submit additional information. The inspectors reviewed an individual risk assessment which was submitted and were not satisfied and found this not to be robust. Following this further written assurances were received to address issues found with this assessment. The inspectors noted also that the centre was engaging with the

National Placement Plan Team and social workers to seek further support for this risk situation. At the time of writing there had been no change in the placement.

The inspectors found that the centre did not have the appropriate resources to implement good risk management planning to effectively manage high risk situations.

Given the serious nature of the issues identified, inspectors found that the centre was not in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 5: *Care Practices and Operational Policies*.

Compliance with Regulation	
Regulation met	Regulation 6
Regulation not met	Regulation 5

Compliance with standards	
Practices met the required standard	Not all standards were assessed
Practices met the required standard in some respects only	Not all standards were assessed
Practices did not meet the required standard	Standard 5 .2

Actions required

- The registered provider must ensure that risks relating to non-compliance with inspection findings are appropriately recorded and addressed.
- The registered provider must ensure that prompt and appropriate action is taken to address all issues of non-compliance highlighted during inspection processes.
- The registered provider must ensure that relevant information is properly recorded and communicated effectively during handover to enable safe planning for young people.
- The registered provider must ensure that all employees receive ongoing training in the centre's Risk Management Policy to ensure the ongoing identification, assessment and management of risk is effective.
- The registered provider must ensure that there are robust and effective systems to manage risk and that there are adequate resources to implement agreed safety plans.

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.

Staff recruitment and retention was the responsibility of registered provider/director of care in the organisation. Inspectors found because of deficits in staffing numbers general rostering practices were unsafe and gave rise to immediate concerns.

From review of planned and completed rosters, handover documentation, daily logs and sign-in records inspectors found that there were insufficient numbers of staff employed in the centre to meet the needs of the children. Inspectors were also provided with a staff information sheet listing the complement of social care staff allocated to the centre. Along with the social care manager and deputy manager, there were seven WTE posts and one part time post at the time of inspection. This is less than the minimum required and was not sufficient with regard to the number and needs of young people and the centre's statement of purpose. This was also a finding in the previous inspection of this centre in June 2021. The inspectors reviewed the previous staffing census and found a high turnover of staff since the last inspection with five new social care workers being employed since October 2021. The social care manager confirmed that there was one new staff member in the process of completing onboarding.

Inspectors found that there were deficits in respect of oversight of staffing records as multiple inconsistencies were identified between sign in sheets and rosters and other centre documentation reviewed.

As described under Theme 5, staffing deficits did not allow for an appropriate response to a serious incident in the centre and had a direct impact on the response to a high-risk situation. Also, there was a period between March and April 2022 when only 6.5 social care staff were in post. The centre manager informed inspectors that senior managers were notified and were aware of the staffing deficits however, this was not evident in management meetings.

The previous inspection of this centre in June 2021 found that there were a number of occasions when there was no identified day shift to support the overnight staff on

duty and given the complexities of the young people placed, the centre should have three members of staff on duty as agreed at the outset of placements for both young people

This remains an issue of concern and risk as inspectors identified 16 occasions where no day shift was rostered or provided between March and April 2022. This is not in line with the placement proposals and staffing requirements.

Inspectors found that the deputy manager was regularly required to cover day shifts. They were usually rostered to cover two of the day shifts in the centre per week (generally from 11:00 to 19:00). Their other two shifts each week were dedicated to attending to management and administrative duties. Notwithstanding that they had a two-week period of leave, the deputy manager was rostered for 12 management specific shifts, however only completed four of these in the two-month period reviewed.

The previous inspection of this service in June 2021 highlighted that while workforce planning was discussed at management level there was insufficient action taken to address the matter. Deficits in staffing were not updated on the risk register since June 2021 or discussed in three management meetings provided to inspectors. Upon review of staff reflections at the end of shifts the inspectors found that staff stated they were “tired” following long hours combined with significant events on shift. The centre continues to be not in compliance with the requirements of the Child Care (Standards in Children’s Residential Centres) Regulations, 1996, Part III, Article 7: Staffing despite assurances in the CAPA provided following that inspection.

Inspectors found that during the two-month period reviewed staff were on sick leave on nineteen occasions. Lack of relief staff was identified as an issue requiring action following an inspection in June 2021 and the CAPA response provided indicated that the issue was resolved. During this inspection, the centre manager stated that no dedicated relief staff have been available since that last inspection.

Inspectors confirmed from review of records that no relief staff were available to cover planned and unplanned leave of the core staff team prior to March 2022. One staff member moved from a fulltime position to relief in March and two others were recruited in March and April so there were three staff now available. Prior to this, in order to cover shifts, the planned roster was frequently revised, and shifts were changed to cover gaps in the rota meaning staff stayed on and frequently worked back-to-back shifts and double shifts in the centre.

Inspectors observed that there were thirteen instances between 01/03/22 and 31/04/2022 where staff worked back-to-back sleepover shifts (of between 39.5 and 48.5 continuous hours). Also, on 24 occasions staff worked a sleepover shift and remained on duty to cover another 8-hour day shift (32 continuous hours). Inspectors found that on multiple occasions during these extended shifts staff had to remain awake to respond to issues of risk and no risk assessment had been carried out by management in relation to this practice. This constitutes a safeguarding issue. For example, during a very serious incident in the centre one staff was rostered for a 48.5 hour shift and the other for 39 hours. The supervising social worker for one young person was unaware of the extent to which the centre was understaffed. The rostering practices in the centre are currently unsafe and must be immediately addressed.

During the two-month period reviewed there were five occasions where staff from another centre in the organisation completed shifts in this centre and on two occasions despite being short staffed in this centre staff worked shifts in other centres.

Inspectors found that the operation of the service was not in line with the National Standards for Children's Residential Centres, 2018 (HIQA) and the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III Article 7: Staffing.

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

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

Actions required

- The registered provider must always ensure that there are sufficient numbers of staff with regard to the number and needs of young people and the centre's statement of purpose.

- The registered provider must ensure that all instances of staff working back-to-back shifts ceases immediately.
- The registered provider must always ensure that there are sufficient numbers of relief staff to take account of annual leave, sick leave, and contingency cover for emergencies.
- The registered provider must ensure that members of the management team are not required to cover gaps in the rota.
- The registered provider must ensure that there are three staff on shift each day (as agreed in the placement proposal and with the supervising social workers) to ensure safe care provision in the centre.
- The registered provider must ensure that where issues of risk arise, and a safety plan requires live night cover that this is provided by dedicated staff preferably known to the young people.

5. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
3	The registered provider must ensure that the policies in place for the notification, review and management of significant events are followed and reviewed in line with best practice for example the on-call policy, significant event policy and risk assessment and management policy.	<p>The centre manager has reviewed the On Call Policy, Significant Event Policy and Risk Assessment and Management Policy at a Team and Management Meetings on 13.06.2022.</p> <p>The On Call Policy has been revised by the registered provider and circulated to all centres which includes comprehensive direction around escalation of risk to On Call personnel and the Senior Management Team. This has been distributed to all On Call personnel and will be reviewed at the Team Meeting on 28.06.2022.</p>	<p>The centre manager will review the On Call Policy, Significant Event Policy and Risk Assessment and Management Policy at Team and Management Meetings on a quarterly basis to ensure full understanding. In addition, these policies will form part of the Induction of all new centre staff members.</p> <p>All Significant Event Notifications will continue to be notified in line with the revised-On Call Policy and escalated as required.</p>
	The registered provider must ensure that training is provided to all staff members in these policies i.e. (on call	The registered provider has developed Risk Assessment and Management training which will be completed by all	Policies are discussed at Team Meetings throughout the year, with policies that are relevant to the centre prioritised for

	<p>policy, significant event policy and risk assessment and management policy).</p> <p>The registered provider must ensure a more comprehensive review takes place of the serious incident to include deficits highlighted during this inspection.</p> <p>The registered provider must ensure that learning from this serious incident review is used to inform the development of best practice and appropriate actions are taken to improve service provision and manage risk.</p>	<p>centre staff members by 08.07.2022.</p> <p>The Regional Manager will complete a scenario and practice-based workshop with the centre team on 11.07.2022 on the On Call and Significant Event Policy to further develop their understanding and application of these policies.</p> <p>The Quality Assurance Manager completed a review of the incident and communicated this to the Senior Management Team on 18.05.2022</p> <p>In response to the review completed, the On Call Policy has been revised and circulated to all centres on 14.06.2022.</p> <p>The Regional Manager has completed a group supervision with the team on 31.05.2022 and a further de-brief meeting</p>	<p>review.</p> <p>All changes to policies are communicated to centres and discussed and documented in Team and Management Meetings and supervision records.</p> <p>Additional support and training is provided to centres as required.</p> <p>The registered provider will continue to provide independent reviews of serious incident as required.</p> <p>The registered provider will continue to apply learning from all incidents.</p>
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	<p>The registered provider must take immediate action to ensure there are appropriate measures in place to ensure that all incidents are reported, recorded, and reviewed in a timely manner.</p>	<p>is scheduled for 28.06.2022.</p> <p>Report Writing will be completed with the centre management team by the Quality Assurance Manager and Regional Manager on 05.07.2022</p> <p>The centre manager has reviewed the Significant Event Policy at a Team and Management Meetings on 13.06.2022. This included the expectation that all incidents are to be communicated within 48 hours during the working week, and 72 hours at weekends.</p>	<p>All incidents are monitored by the Regional Manager including the timescale of notification. Where incidents occur which exceed 48 hours, this will be notified via email with the associated report forwarded on conclusion.</p>
5	<p>The registered provider must ensure that risks relating to non-compliance with inspection findings are appropriately recorded and addressed.</p>	<p>The inspection findings were discussed at a centre Management Meeting, and with individual staff members in supervision which highlighted non-compliance and non-adherence to the On Call Policy, Significant Event Policy and Risk</p>	

		<p>Assessment and Management Policy</p> <p>These policies were further discussed at a Team and Management Meetings on 13.06.2022.</p>	
	<p>The registered provider must ensure that prompt and appropriate action is taken to address all issues of non-compliance highlighted during inspection processes.</p>	<p>The On Call Policy has been reviewed and circulated to all centres. The centre manager and deputy centre manager has implemented review systems and enhanced oversight and governance of daily documents including centre and care documents. Where concerns are observed this will be addressed through individual supervision and escalated as required.</p>	<p>The centre manager and deputy centre manager will discuss the oversight findings at all Management Meetings.</p> <p>The Regional Manager will record her observations and findings in her Centre Monitoring Report.</p>
	<p>The registered provider must ensure that relevant information is properly recorded and communicated effectively during handover to enable safe planning for young people.</p>	<p>A member of the centre management team is present at all handovers to observe the practice. Where errors or omissions are identified, they will be rectified immediately.</p> <p>The centre management team will review all shift evaluations and address these in</p>	<p>The centre manager and deputy centre manager report on the centre's operation through the FSGR, which is monitored by the Senior Management Team. Where risks are identified these are addressed immediately.</p>

	<p>The registered provider must ensure that all employees receive ongoing training in the centre's Risk Management Policy to ensure the ongoing identification, assessment and management of risk is effective.</p> <p>The registered provider must ensure that there are robust and effective systems to manage risk and that there are adequate resources to implement agreed safety plans.</p>	<p>the Team Meeting or through individual supervision, escalating concerns as required.</p> <p>The registered provider has developed Risk Assessment and Management training which will be completed by all centre staff members by 08.07.2022. Where further concerns are identified additional support will be provided by the Regional Manager and Quality Assurance Manager.</p> <p>The On Call policy has been revised to provide clear direction around the escalation of risk.</p> <p>In addition, roster management continues to be reviewed by the centre management team ensuring the allocation of appropriate internal and external resources.</p>	<p>The centre manager completes a monthly report which looks at the risks for young people and the centre, which identifies the status of all risks including the requirement for escalation.</p>
6	The registered provider must always ensure that there are sufficient	An social care worker has been identified for the centre through recruitment.	Continued interviews for positions for RSCW are continuing for the region and

	<p>numbers of staff with regard to the number and needs of young people and the centre's statement of purpose.</p> <p>The registered provider must ensure that all instances of staff working back-to-back shifts ceases immediately.</p> <p>The registered provider must always ensure that there are sufficient numbers of relief staff to take account of annual leave, sick leave, and contingency cover for emergencies.</p> <p>The registered provider must ensure that members of the management team are not required to cover gaps in the</p>	<p>Ongoing interviews are being completed to fill outstanding positions.</p> <p>The centre has ceased the practice of staff doing double shifts unless in an emergency. In cases of emergency, the practice is risk assessed and approved by senior management prior to rostering. This was restated at the Senior Management Meeting on 26.05.22 and revisited at Regional Meeting on 16.06.2022.</p> <p>The centre currently has three relief staff attached to their centre to cover annual leave/sick leave, in the event of emergencies, Daffodil Care Services can engage to the use of agency staff.</p> <p>The organisation exhausts all options prior to management team covering gaps in the roster, ongoing recruitment efforts are</p>	<p>another RSCW is being actively sought for this centre also, to ensure issues of a minimal relief pool do not reoccur.</p> <p>The registered provider will ensure that emergency rostering are risk assessed and approved by senior management. In addition, rosters and centre documents will continue to be monitored by the Regional Manager to ensure that safe levels of working hours are completed and that appropriate breaks are provided, highlighting any risks as required</p> <p>Ongoing recruitment and effective rostering of annual leave, and communication for external supports in the immediate.</p> <p>Ongoing weekly recruitment updates and meetings occur to identify gaps and schedule interviews accordingly.</p>
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	<p>rota.</p> <p>The registered provider must ensure that there are three staff on shift each day (as agreed in the placement proposal and with the supervising social workers) to ensure safe care provision in the centre.</p> <p>The registered provider must ensure that where issues of risk arise, and a safety plan requires live night cover that this is provided by dedicated staff preferably known to the young people.</p>	<p>continuing on a weekly basis, interviews are being held on 17th, 20th, 21st, 23rd and 24th June.</p> <p>Social care manager (scm) and deputy manager are to ensure that there are adequate staffing numbers rostered on each day, if the centre does not meet the appropriate numbers, SCM is to escalate to senior management for external supports.</p> <p>In the event of risk arising whereby live night is required, the SCM will revisit the roster to ensure that any cover required is supported by a staff familiar to young people and that this is recorded in the accompanying risk assessment.</p>	<p>Effective rostering and oversight by regional manager on a weekly basis.</p> <p>Regional manager to provide oversight of live night rostering for young people as appropriate to ensure risk assessment is followed and there are familiarity and consistency in terms of dedicated staff members to facilitate such.</p>
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