



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 027**

**Year: 2022**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Type of Inspection:</b>	<b>Announced Themed Inspection</b>
<b>Date of inspection:</b>	<b>21<sup>st</sup> of June 2022</b>
<b>Registration Status:</b>	<b>Registered from 23<sup>rd</sup> of May 2022 to 23<sup>rd</sup> of May 2025</b>
<b>Inspection Team:</b>	<b>Ruth Coakley Janice Ryan</b>
<b>Date Report Issued:</b>	<b>3<sup>rd</sup> August 2022</b>

# Contents

<b>1. Information about the inspection</b>	<b>4</b>
1.1 Centre Description	
1.2 Methodology	
<b>2. Findings with regard to registration matters</b>	<b>7</b>
<b>3. Inspection Findings</b>	<b>8</b>
3.1 Theme 6: Responsive Workforce (Standard 6.1 only)	
<b>4. Corrective and Preventative Actions</b>	<b>10</b>

## 1. Information about the inspection process

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

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

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

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

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

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

## National Standards Framework



## 1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration in May 2013. At the time of this inspection the centre was in its fourth registration and was in year one of the cycle. The centre was registered without attached conditions from 23<sup>rd</sup> May 2022 to 23<sup>rd</sup> May 2025.

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 three children living in the centre at the time of the inspection.

## 1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, 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.

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

At the time of this inspection the centre was registered from the 23<sup>rd</sup> of May 2022 to the 23<sup>rd</sup> of May 2025. 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 decision for continued registration of this service. The centre manager returned the report with a completed action plan (CAPA) on the 22<sup>nd</sup> July 2022.

The findings of this report and assessment by the inspection service of the submitted action plan were used to determine the centre's compliance and adherence to the regulatory frameworks and standards in line with its registration.

It was the determination of the Registration Committee that the centre has now met 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 register this centre, ID Number: 139 without attached conditions from the 23<sup>rd</sup> of May 2022 to the 23<sup>rd</sup> of May 2025 pursuant to Part VIII, 1991 Child Care Act.

### 3. Inspection Findings

#### 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.

This centre was registered to provide care to four young people. The roster pattern in place at the time of inspection was two overnights and one dayshift. The centre had a staff complement of one centre manager, one deputy manager, two social care leaders, one acting social care leader covering a maternity post and five full time social care workers and one part-time social care worker. The centre also had one assigned relief staff member. The inspectors found that the staffing numbers were in line with requirements for registration purposes and was sufficient with regard to the number and needs of young people in the centre.

As part of the on-site inspection, inspectors completed a review of planned and completed rosters, handover documentation, daily logs and sign-in logs between the period of March 2022 to April 2022. All records, with the exception of the sign in book were accurate, legible and clear. Inspectors found that at times some staff did not sign in or out, particularly when on a dayshift.

A review of the roster pattern for the months of March and April found that the centre had the required staffing levels in place each day. There were thirteen occasions of back-to-back shifts completed in the centre and twelve occasions of day shifts completed following an overnight shift, all of which were risk assessed. An evaluation was completed on each risk assessment after the double shift had taken place. The inspectors note that the practice of back-to-back shifts are unsafe and must cease immediately.

The current centre staffing complement is eight full time workers, one part time worker and one assigned relief worker. Inspectors found that effective shift planning was in place using a consistent staff team. During this timeframe three staff members from other centres completed a shift in the centre to fulfil the roster requirements to cover unexpected deficits. The inspectors found that there was enough full-time staff



to fulfil the roster pattern in place and provide safe care to the young people living in the centre.

Inspectors found that the operation of the service was 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.

<b>Compliance with regulations</b>	
<b>Regulation met</b>	<b>Regulation 6 Regulation 7</b>
<b>Regulation not met</b>	

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

### **Actions required**

- The centre manager must ensure that the practice of back-to-back sleepover shifts ceases immediately.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	The centre manager must ensure that the practice of back-to-back sleepover shifts, ceases immediately.	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 discussed at Regional Meeting on 14.06.22.	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.