



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 103**

**Year: 2022 (2)**

## Inspection Report

<b>Year:</b>	<b>2022</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Type of Inspection:</b>	<b>Announced themed inspection</b>
<b>Date of inspection:</b>	<b>13 June 2022</b>
<b>Registration Status:</b>	<b>Registered from the 03<sup>rd</sup> of March 2021 to the 03<sup>rd</sup> of March 2024</b>
<b>Inspection Team:</b>	<b>Janice Ryan Ruth Coakley</b>
<b>Date Report Issued:</b>	<b>14<sup>th</sup> September 2022</b>

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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 03<sup>rd</sup> of March 2015. At the time of this inspection the centre was in its third registration and year two of the cycle. The centre was registered without attached conditions from 03<sup>rd</sup> of March 2021 to 03<sup>rd</sup> of March 2024.

The centre was registered as a multi-occupancy centre and could accommodate six young people of both genders from age sixteen to nineteen years 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 under eighteen and two over eighteen 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 without attached conditions from 03<sup>rd</sup> of March 2021 to the 03<sup>rd</sup> of March 2024. 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 05<sup>th</sup> August 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.

At the time of the inspection this centre was not in compliance with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7, Staffing. Subsequent to this inspection additional information was provided to the Alternative Care Inspection and Monitoring Service confirming that the centre was now in compliance with requirements of Child Care (Standards in Children's Residential Centres) Regulations, 1996 Part III, Article 7, Staffing. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 103 without attached conditions from the 03<sup>rd</sup> of March 2021 to the 03<sup>rd</sup> of March 2024 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 six young people. The roster pattern in place was two overnights and a day shift. Inspectors were provided with a staff information sheet listing the complement of social care staff allocated to the centre. On review of this they found the staffing complement was not in line with the registration application. The centre had a staff complement of one centre manager, one deputy manager, three social care leaders and three social care workers. The minimum requirement for registration is eight full-time whole-time staff. This was not in keeping with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 7: Staffing.

As part of this 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. Inspectors found improvement was required in relation to the handover logs. They found that logs were incomplete and not signed off by staff or management.

On review of all records the inspectors found that rostering practices were not in line with best practice and safe care. The inspectors evidenced the following rostering practices over a two-month:

- 8 occasions of a staff member completing back-to-back.
- 3 occasions of staff completing a sleepover shift into a day shift comprising of approximately 32 hours.
- 12 occasions no day shift present.

The inspectors also found that over a two-month period there were ten additional staff rostered in the service who were not part of the core team for this centre. Two of these persons were from a social care agency. These staff members completed approximately 24 shifts in the centre. The inspectors noted that some of these staff



members came from three other sister services within the organisation. They also found that for two of these services there were staffing concerns there also.

The inspectors observed that the centre manager and deputy centre manager were working shifts in the service outside of their current position. They found the following:

1. The social care manager had completed 10 day shifts and two sleepover shifts.
2. The previous deputy manager had completed five day shifts and one sleepover shifts.
3. The current deputy manager had completed two-day shifts.

The centre had dedicated two relief staff to cover annual or other types of leave and to fulfil the gap in the roster due to staff not fulfilling full time hours. The inspectors found that of the two-relief staff provided on the census one relief staff had not completed any shifts in the service with the other only completing four shifts over a two-month period.

On review of the staffing information sheet, inspectors also found that thirteen staff members had left the service since April 2021 of which six were since March 2022.

The inspectors found that there were not enough full-time staff to fulfil the roster pattern in place and provide safe care to the young people living in the centre. This was not in keeping with the requirements of 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</b>
<b>Regulation not met</b>	<b>Regulation 7</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 registered proprietor must ensure that the number, qualifications, experience, and availability of members of the staff of the centre is adequate,

having regard to the number of children residing in the centre and the nature of their needs.

- The registered provider and centre manager must ensure that the practice of back-to-back sleepover shifts ceases immediately.
- The registered provider must ensure that a roster is developed to support the needs and care of young people in the service.
- The registered proprietor and centre manager must ensure that all records are completed and signed by staff and management.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	The registered proprietor must ensure that the number, qualifications, experience, and availability of members of the staff of the centre is adequate, having regard to the number of children residing in the centre and the nature of their needs.	The registered proprietor will ensure that staffing levels and skill mix is prioritised. The recruitment team are prioritising recruitment for the centre through a variety of platforms and have secured candidates for interview on 4 <sup>th</sup> , 8 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> , and 28 <sup>th</sup> August. One position has been filled and further interviews are scheduled.	The registered provider is committed to ensuring the centre has a full staffing complement and have deployed additional resources to the recruitment team to support the recruitment process. Weekly meetings are held between the recruitment team and senior management to ensure this remains a priority.
	The registered provider and 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 27.05.2022.	The registered provider will ensure that emergency rostering is 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.

	The registered provider and centre manager must ensure that a roster is developed to support the needs and care of young people in the service	The registered proprietor and centre management team will ensure that the roster is developed to ensure that the needs of young people are supported throughout each shift.	The registered proprietor and senior management will review rosters and other documentation on a regular basis to ensure that roster development is supporting the needs of the young people in the centre.
	The registered proprietor and centre manager must ensure that all records are completed and signed by staff and management.	SCM will ensure all records are signed by staff and ensure that is a standing item within the handover meeting and document and at fortnightly team meeting.	The registered proprietor and centre management will ensure that staff signatures on records is audited on a regular basis with findings responded to promptly.