



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 112**

**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 inspection</b>
<b>Date of inspection:</b>	<b>07<sup>th</sup> of June 2022</b>
<b>Registration Status:</b>	<b>Registered from 17<sup>th</sup> of May 2022 to 17<sup>th</sup> of May 2025</b>
<b>Inspection Team:</b>	<b>Ruth Coakley Janice Ryan</b>
<b>Date Report Issued:</b>	<b>25<sup>th</sup> August 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 17<sup>th</sup> of May 2016. At the time of this inspection the centre was in its third registration and was in year one of the cycle. The centre was registered without attached conditions from 17<sup>th</sup> of May 2022 to the 17<sup>th</sup> of 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 two 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 17<sup>th</sup> of May 2022 to the 17<sup>th</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 25<sup>th</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.

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. However, subsequent to the inspection, evidence was provided that steps had been taken to address the issues and the centre had come into compliance. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 112 without attached conditions from the 17<sup>th</sup> of May 2022 to the 17<sup>th</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. There were two young people residing in the centre and the centre was providing double overnight cover which was sufficient to meet the needs of the young people. The centre had a staff complement of one centre manager, one deputy manager, three social care leaders, four full time social care workers and one part-time social care worker. The centre did not have any assigned relief staff and relied on management and staff from other centres to fulfil roster requirements. The inspectors found that the staffing number was less than the minimum requirement for registration purposes and was not sufficient with regard to the number and needs of young people and the centre's statement of purpose. However, the inspectors noted that the organisation had an ongoing recruitment campaign to recruit new staff.

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 reviewed were legible and clear.

A review of the roster pattern for the months of March and April found that there had been two occasions of back-to-back shifts completed in the centre, one occasion of two sleepover shifts and another of three sleepover shifts all of which had been risk assessed. The inspectors note that the practice of back-to-back shifts are unsafe and must cease immediately.

The centre manager completed sleepover shifts on two occasions and the deputy manager completed sleepover shifts on nine occasions, to cover staffing deficits. The social care manager confirmed that the deputy manager was contracted to work overnights in the service as part of their normal working hours.

Five additional staff contracted to other centres also completed shifts during this timeframe. The centre manager advised that no new staff are currently onboarding,



but one social care worker is due to return from maternity leave in August 2022 with another staff member commencing maternity leave late July 2022. The inspectors reviewed the staffing information sheet and noted that there had been four recent resignations due to reasons outside of the centre's control.

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. 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.

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

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	<p>The centre manager must ensure that the practice of back-to-back sleepover shifts, ceases immediately.</p> <p>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.</p>	<p>The practice of back-to-back sleepover shifts will only occur in the event of an emergency and is subject to risk assessment and approval of senior management.</p> <p>The registered proprietor and centre management are ensuring sufficient numbers of staff with the support of agency staffing while new staff are onboarding.</p>	<p>Senior management are actively engaged in addressing the staffing deficit and will ensure that any emergency rostering is risk assessed.</p> <p>The registered proprietor is committed to ensuring sufficient numbers of staff through active recruitment campaigns, new staff retention measures, and investment in recruitment department.</p>