



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Alternative Care - Inspection and Monitoring Service

### Children's Residential Centre

**Centre ID number: 128**

**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>07<sup>th</sup> June 2022</b>
<b>Registration Status:</b>	<b>Registered from the 25<sup>th</sup> August 2020 to 25<sup>th</sup> August 2023</b>
<b>Inspection Team:</b>	<b>Janice Ryan Ruth Coakley</b>
<b>Date Report Issued:</b>	<b>5<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 25<sup>th</sup> August 2017. At the time of this inspection the centre was in its second registration and was in year two of the cycle. The centre was registered without attached conditions from 25<sup>th</sup> August 2020 to 25<sup>th</sup> August 2023.

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 four 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
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 25<sup>th</sup> August 2020 to 25<sup>th</sup> August 2023. 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 and again on the 27<sup>th</sup> July 2022 with updated information. While this inspection 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 or Article 7, Staffing documents were subsequently submitted by the provider to evidence that the centre was now in compliance with this regulation.

The findings of this report and assessment by the inspection service of the submitted action plans 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 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: 128 without attached conditions from the 25<sup>th</sup> August 2020 to 25<sup>th</sup> August 2023 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 was two overnights and a day shift. The centre had a staff complement of one acting centre manager, one deputy manager, three social care leaders and five social care workers and one part time social care worker. The acting centre manager confirmed that one staff member was absent from the centre on long term sick leave since December 2021. The inspectors found that due to one staff member being on long term sick leave 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.

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 to April 2022. The inspectors found that improvement is required with regards to the recording of information and signing of daily handover logs and staff evaluation sheets by staff and management.

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

- 6 occasions where there were no day shift present
- 10 occasions of staff completing back-to-back sleepover shifts
- 5 occasions of staff completing a sleepover shift into a day shift comprising of approximately 32 hours
- 3 occasions of staff completing a late start sleepover into a sleepover shift and completing a day shift comprising of approximately 39.5 hrs



The inspectors found no evidence of risk assessments in place in relation to these rostering practices. Inspectors found that this was not in keeping with best practice and safe care and rosters should be developed to meet the needs of the young people.

On review of the staffing information sheet the inspectors noted that one full time staff member had moved internally in the organisation and one other staff member had recently commenced maternity leave. The centre had one dedicated relief staff to cover annual leave or other types of leave and to fulfil gaps in the roster. The inspectors found that this person had completed four shifts in the centre from March to April.

The inspectors also found that over a two-month period there were ten additional staff rostered in the service. The inspectors noted that these staff members came from two other centres within the organisation. They also found that for one of these services an immediate action notice had been issued last February in relation to staffing concerns.

The inspectors observed that the deputy centre manager was working shifts in the service outside of their current position. They found that over a two-month period the deputy centre manager had worked five day shifts and five sleepover shifts in the centre to support the roster and during these occasions was not available to fulfil their management function.

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 National Standards for Children's Residential Centres, 2018 (HIQA) standards 6.1 or 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 provider and centre manager 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 and centre manager must ensure that the practice of back-to-back sleepover shifts ceases immediately.
- The registered provider and centre manager must ensure a roster is developed to meet the needs of the young people in the service.
- 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.

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
6	The registered provider and centre manager 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 centre currently have four relief staff attached to their centre to cover annual leave/sick leave in addition to the core team. In the event of emergencies, the organisation can engage to the use of agency staff. Ongoing recruitment efforts continue on a weekly basis. With interviews being held on; 13.07.22, 18.07.22 & 20.07.22. There have been 3 Fulltime staff members recruited since inspection.	Ongoing weekly recruitment updates and meetings occur to identify gaps and schedule interviews accordingly
	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	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

	<p>The registered provider and centre manager must ensure a roster is developed to meet the needs of the young people in the service.</p> <p>The registered provider and centre manager must ensure that there is appropriate number of relief staff employed in the centre to meet the needs of the service.</p>	<p>discussed at Regional Meeting on 27.05.2022.</p> <p>The centre management team ensure that there are adequate staffing numbers rostered on each day. Where the centre does not meet the appropriate numbers, this is escalated to the Senior Management Team for support.</p> <p>The centre currently have four relief staff attached to their centre to cover annual leave/sick leave.</p>	<p>appropriate breaks are provided, highlighting any risks as required.</p> <p>The centre management team, overseen by the Regional Manager will continue to implement effective rostering of annual leave, and identify additional supports as required.</p> <p>Ongoing weekly recruitment updates and meetings occur to identify gaps and schedule interviews accordingly</p>
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