



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 139

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	09th May 2022
Registration Status:	Registered from the 03rd of August 2021 to the 03rd of August
Inspection Team:	Janice Ryan Linda McGuinness
Date Report Issued:	20th July 2022

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	9
3. Inspection Findings	10
3.4 Theme 6: Responsive Workforce	
4. Corrective and Preventative Actions	11

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 03rd August 2018. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered from the 03rd of August 2021 to the 03rd of August 2024 without attached conditions.

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 was one child 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

A draft report was issued to the centre manager, senior management and the relevant social work departments on the 07th 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 21st June 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 finding of this inspection that the centre was not in compliance with 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 the centre had come into compliance. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 139 without attached conditions from the 03rd of August 2021 to the 03rd of August 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 four young people. 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 an acting social care manager and acting deputy manager, there were 6 whole time posts and two part time post at the time of inspection. 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. The registered provider also advised the Alternative Care Inspection and Monitoring Service of the change to management structure due to the resignation of the social care manager. The minimum requirement for registration is eight full-time whole-time staff. A recruitment campaign was underway to recruit a permanent social care manager and a social care leader and one social care worker was in the process of completing onboarding with 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.

On review of all records the inspectors found that rostering practices were unsafe and gave rise to immediate concerns. Inspectors found that it was normal practice for staff to work sleepover shifts into day shifts, back-to-back sleepover shifts and stay on the premises for up to 80 hours without appropriate breaks. The inspectors found that over a two-month period the following rostering practices were found:

- 2 occasions of a staff member completing three back-to-back sleepovers comprising of 72 hours
- 5 occasions of staff completing back-to-back sleepover shifts
- 20 occasions of staff completing a sleepover shift into a day shift comprising of approximately 32 hours

- On two occasions one staff member completed 174 hours over a 12-day period with only 2 days off in between.
- On another occasion one staff member completed 136 hours over an 8-day period.

Inspectors noted for two staff members over a two-month period that they worked considerable long hours without the appropriate breaks between shifts. Inspectors found that day shifts finished earlier than planned at times and live nights were due to commence in the service to meet the challenging needs of one young person. The inspectors found that staff stayed up partially at night on 7 occasions to manage challenging behaviour whilst completing a day shift the following day. On review of the centre's handover evaluations from shift the inspectors found that staff stated that they were "tired" after completing these shift patterns. The inspectors found that these rostering practices was not in keeping with best practice and safe care and rosters should be developed to meet the needs of the young people.

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. Inspectors found that the daily logs, handover records did not provide accurate information of staff who were in the centre and there was no oversight of sign in records. They also found that one social care leader was signing records for staff that were not present on shift. Records to track who is working in the centre on a particular day required significant improvement as this is a safeguarding issue.

The centre had dedicated 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 none of the relief staff provided in census had completed any shifts in the service.

The inspectors found that there was not enough 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 is not in line with 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.

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

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

Actions required

- The centre manager must ensure that the practice of back-to-back sleepover shifts ceases immediately.
- The registered provider must ensure that the practice of staff working long hours without the appropriate breaks is ceased 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 legible and clear.

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 ensure that the practice of staff working long hours without the appropriate breaks is ceased immediately.</p>	<p>The centre has ceased the practice of staff doing double shifts unless in an emergency. This 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 team meeting on 8.06.2022, and at Regional Meeting on 16.06.22</p> <p>Social Care Manager ensures that no staff member completes long hours without adequate breaks. The centre management team maintain a high level of oversight of handover documents and during verbal handover is to include the scheduling of breaks and to be documented clearly by staff on shift.</p>	<p>The registered provider will ensure that emergency rostering are risk assessed and approved by senior management.</p> <p>Regional Manager will provide oversight of handovers and ensure that all breaks are being planned for and documented clearly. This will be reported on in the Senior Management Centre Monitoring reports. In addition, rosters and centre documents will continue to be monitored by the Regional Manager to ensure that safe levels</p>

	<p>The registered provider must ensure that a roster is developed to support the needs and care of young people in the service.</p> <p>The registered proprietor and centre manager must ensure that all records are legible and clear.</p>	<p>The centre currently has two relief staff attached to their centre to cover annual leave/sick leave. Where required, the organisation will apply internal and external resources.</p> <p>Ongoing recruitment efforts are continuing on a weekly basis, with interviews are being held on 17th, 20th, 21st, 23rd and 24th June.</p> <p>Enhanced oversight is to occur by the centre management team on daily basis to ensure all records are legible and clear. This is to occur prior to handover to ensure any deficits noted are immediately rectified.</p>	<p>of working hours are completed and that appropriate breaks are provided, highlighting any risks as required.</p> <p>Ongoing weekly recruitment meetings occur to updates identify gaps and schedule interviews accordingly.</p> <p>The Regional Manager and Quality Assurance Manager have scheduled report writing training for the centre on 5th July to ensure consistent, clear, and legible recording of records. The Regional Manager will review records and report on findings to the centre via centre monitor reports.</p>
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