



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 006

Year: 2022

Inspection Report

Year:	2022
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Three young people
Type of Inspection:	Announced themed inspection
Date of inspection:	28th, 29th November & 01st December 2022
Registration Status:	Registered from the 13th of March 2021 to the 13th of March 2024
Inspection Team:	Paschal McMahon Linda McGuinness
Date Report Issued:	2nd March 2023

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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 monitor the on-going regulatory compliance of this centre with the aforementioned standards and regulations and the operation of the centre in line with its registration. The centre was granted their first registration in March 2015. At the time of this inspection the centre was in their third registration and in year two of the cycle. The centre was registered without conditions from the 13th of March 2021 to the 13th of March 2024.

The centre was registered as a multi-occupancy service to accommodate three young people of all genders from age thirteen to seventeen on admission. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provided 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. At the time of inspection there were three young people residing in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.3
3: Safe Care and Support	3.2
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, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. 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 inspection report was issued to the centre manager, senior management and the relevant social work departments on the 22nd December 2022. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 20th January 2023. The CAPA returned was used to inform the registration decision. After further communication and subsequent information was provided by the organisation in respect of the CAPA, it was deemed to be satisfactory, and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, centre, ID Number: 006 without an attached condition from the 13th of March 2021 to the 13th of March 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Regulation 8: Accommodation

Regulation 13: Fire Precautions

Regulation 14: Safety Precautions

Regulation 15: Insurance

Regulation 17: Records

Theme 2: Effective Care and Support

Standard 2.3 The residential centre is child centred and homely, and the environment promotes the safety and wellbeing of each child.

Inspectors were satisfied that the centre was suitable for providing safe and effective care for the number of young people in placement. The premises had undergone some upgrading prior to the inspection. The centre was clean and nicely decorated. Each young person had their own bedroom with sufficient storage space where they could secure personal items. All of the young people told inspectors that they were satisfied with their rooms and were consulted around the décor in the centre.

The centre layout and design provided spaces for recreation and activities, and spacious communal areas for mealtimes and relaxation. Young people had access to a variety of games, TVs, game consoles, along with a pool table, a boxing bag and gym equipment. The centre was found to be adequately lit, heated, and ventilated. There were sufficient bathroom facilities to ensure privacy. Social workers and external professionals interviewed confirmed they were satisfied with the facilities and the presentation of the centre when they visited.

The inspectors observed that fire safety systems were in place in the centre including a fire alarm, fire blanket and fire extinguishers. External fire safety consultants most recent check on the fire equipment was dated 04/08/2022 confirming all equipment was serviced and tested. All the centre's fire extinguishers were stored in a locked room on the ground floor when the inspection took place. Inspectors were informed that permission to remove the fire extinguishers was based on a generic letter from a fire safety consultant and not based on a specific risk assessment for the centre. The registered provider must review this decision given the fact that there had been no serious incidents of challenging behaviour in the period prior to inspection and there

have been previous fire setting incidents on the premises and an issue with young people smoking in their rooms. In circumstances where fire extinguishers are removed the centre must ensure that the risk assessment in place includes a fire safety plan on how to access extinguishers in the event of a fire. The inspectors found evidence that staff carried out quarterly fire drills which the young people participated in.

The centre maintained a fire register which evidenced regular inspections of the premises, firefighting equipment, and the emergency lighting system. Inspectors noted that the fire register did not record the names of the staff who had received fire training and also needed to be updated to include the name of the recently appointed centre manager and staff fire representative. Fire training and first aid training was required for a number of staff, most of whom were new staff who had taken up their posts in recent months. In addition, a number of staff had received online fire safety training during the Covid 19 period which did not include an in-person on site component. The registered provider must ensure that all staff that require training in first aid and fire training receive this as a matter of priority. The fire safety training should include an onsite in person component.

Inspectors were satisfied that there were procedures in place to manage risks to the health and safety of young people, staff and visitors. The centre had a site-specific safety statement which had been reviewed in July 2022 and outlined the environmental risks associated with the centre. There were designated health and safety, environmental and fire representatives for the centre and monthly health and safety audits were conducted. There was also evidence that the regional manager was visiting the centre on a regular basis and monitoring the premises. Inspectors reviewed the centre's maintenance log and found that there was a prompt response to any major repair and maintenance requirements. Inspectors observed that cleaning products and young people's medication were stored securely. The centre had a system in place to record any accidents or injuries. Inspectors were satisfied that accidents were being recorded and appropriate measures taken in response.

There were three designated vehicles to transport the young people. Inspectors viewed two of the vehicles on site and found that they were licensed, insured and roadworthy. Both vehicles had adequate safety equipment including breakdown triangles, first aid kits and fire extinguishers and staff completed weekly checks on the vehicles to ensure they were maintained in good order. Inspectors checked a sample of personnel files and found that staff that were permitted to drive the centre vehicles had the required full licence.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 15 Regulation 17
Regulation not met	None Identified

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	Standard 2.3
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must review the decision to store all of the centres fire extinguishers in a locked room.
- The registered provider must ensure that all staff that require training in first aid and fire training receive this training as a matter of priority. The fire safety training should include an onsite in person component.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.2 Each child experiences care and support that promotes positive behaviour.

The centre had a range of policies in place to guide staff in the management of behaviour. The model of care in operation in the centre was called the Systemic Therapeutic Engagement Model (STEM). This model provided a framework for positive interventions with young people to develop relationships focused on achieving strengths-based outcomes through daily life interaction. The majority of staff members had some level of training in the model. The STEM model of care was complemented by several philosophies and approaches including staff training in an approved model of behaviour management. Inspectors found from a review of

training records provided at the time of inspection that five of the eleven staff members working in the centre did not have the required behaviour management training.

Inspectors found that the centres ability to manage the young people's behaviour was hindered by the lack of a consistent and experienced staff team and this is addressed in more detail under section 6.1 of the report. In the six months prior to this inspection the centre had experienced severe staff shortages and at the time of inspection relief staff were heavily relied upon to staff the centre. The high staff turnover was acknowledged in interviews with management and staff as having a negative impact on the centre's ability to manage the young people's behaviour and in their ability to provide a consistency of care. This was also evident in centre records and in the number of changes in young people's keyworkers.

Each young person had a number of documents on file to guide staff in managing their behaviour. These included individual absence management plans and individual crisis support plans (ICSPCs). The ICSPCs outlined the strategies in place to respond to crisis behaviour which included the use of physical restraint as a last resort. The ICSPCs considered the low levels of staff training in behaviour management; however, they did not identify any alternate strategies to be utilised in response to the possibility of a young person placing themselves or others at risk of harm and need to be amended to reflect this.

The centre had a risk assessment process in place. There were risk assessments on file for each young person in relation to current or ongoing behaviours of concern and risks were scored using a risk matrix. In interviews with inspectors, staff and management were uncertain as to how risks were scored, how the level of risk was determined, and how contingency plans were implemented. During the inspection the regional manager acknowledged the complexity of the current risk management system and informed inspectors that a new risk rating system was due to be implemented after which training would be provided for management and staff.

While there was evidence of staff providing positive behavioural support to the young people and managing challenging behaviour effectively in many cases, inspectors found that bullying was an issue in the centre that was not dealt with appropriately and effectively managed. Although staff were aware of the underlying causes of the bullying behaviour it was evident that they did not have sufficient training on how best to respond. Inspectors found that a high turnover of staff and the constant changes in staffing and lack of experience also inhibited staff's ability to implement a

consistent response. Inspectors ascertained from a review of the bullying incidents on file that the centre's response to bullying was primarily reactive despite the fact that it was evident in young people's pre-admission risk assessments conducted by the centre that bullying may be a feature of their care. In their efforts to address bullying behaviour, the centre focussed on implementing protective measures and met with the perpetrators after incidents to address the behaviour. In addition, senior management issued a discharge notice to one young person four weeks after the first bullying incident occurred due to their involvement in the bullying behaviour. This decision was subsequently reviewed at the request of the young person's social work department and a placement protection meeting and a number of professionals' meetings took place in response to the possibility of discharge. Records viewed by inspectors at the time of inspection showed that the young person concerned had not engaged in any bullying behaviour in the previous month when another resident was absent from the centre. Inspectors were informed post inspection that the decision to discharge the young person had been overturned.

Inspectors found that after bullying incidents occurred this concern was not incorporated into the young people's placement plans and there was no evidence on file of proactive work on bullying being undertaken with the young people to address the issue. Social workers and Guardians ad Litem informed inspectors that they met with the young people concerned at the centre's request in an effort to prevent them from engaging in bullying behaviour.

The centre had a sanctions policy and procedure in place and sanctions were recorded. Inspectors found that the centre's records contained many references to sanctions and blanket sanctions as a means of managing the young people's behaviour. From a review of records and interviews with the young people there was limited evidence of the effectiveness of a number of sanctions in place. For example, deductions were made from young people's pocket money for smoking in their rooms which according to the young people had little effect on them given their level of income. The centre management must ensure that the use and effectiveness of sanctions in the centre is reviewed. There was also evidence that positive behaviour was rewarded and this was acknowledged by the young people who spoke with inspectors.

The three young people residing in the centre told inspectors that they had built good relationships with some staff members and were supported by them. There was evidence on file that some good individual work and key working had been completed with the young people but more planned targeted work was required in relation to

issues including bullying and substance misuse in particular. The young people were also linked in with a number of external specialist support agencies to support them in managing their behaviour and there was a good level of engagement by the young people at the time of inspection.

The centre had a number of mechanisms and processes in place in relation to the review and auditing of behaviour management. All significant events were reviewed by both the centre and regional managers and social workers confirmed that all incidents were reported to them in a prompt manner both via phone and e-mail. Fortnightly and more recently monthly governance reports were completed by the centre manager and young people's behaviour was reviewed at team, management and senior management meetings. The organisation had a significant event review group that met monthly to review serious incidents and an external audit was completed on the management of behaviour by the organisation's behaviour management trainer in February 2022. Despite these mechanisms in place inspectors found there was limited feedback and guidance to the staff team on the records in relation to bullying and other issues of concern. The registered provider must ensure that the effectiveness of the current system of auditing and monitoring the centre's approach to managing behaviour that challenges is reviewed.

The centre maintained a record of restrictive practices and at the time of inspection there were two restrictive practices in place to ensure safety. While physical restraint interventions were not a feature of the young people's care as highlighted previously in the report the option of having to use of physical restraint as an intervention needs to be reviewed given the current low level of staff training. Inspectors found that although restrictive practices were reviewed and removed by the centre when necessary, social workers were not consulted prior to the implementation of restrictive practices. The centre management must ensure that social workers are consulted prior to the implementation of restrictive practices going forward.

Compliance with regulations	
Regulation met	Regulation 5 Regulation 16
Regulation not met	None identified

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 3.2

Actions required

- The registered provider must ensure that all staff receive training in the centre's behaviour management model as soon as possible.
- The centre manager must ensure that the young people's ICSPCS are amended to reflect the centres planned approaches to managing challenging behaviour.
- The registered provider must ensure that an effective risk management system is in place which is understood by management and staff.
- The registered provider must ensure that the use and effectiveness of sanctions in the centre is reviewed.
- The registered provider must ensure that a proactive approach is taken to bullying behaviour and this issue is incorporated into young people's placement and key working plans.
- The registered provider must ensure that the effectiveness of the current system of auditing and monitoring the centres approach to managing behaviour that challenges is reviewed.

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.

There was evidence that the centre had systems in place to undertake workforce planning. Records of management meetings along with centre governance reports

confirmed that staffing levels and staffing dynamics were reviewed on an ongoing basis. The staffing levels outlined in the centre's statement of purpose consisted of a centre manager who worked office hours supported by a deputy manager, three social care leaders, seven social care workers with access to a panel of a minimum of two relief social care workers. At the time of inspection due to resignations and other forms of leave the centre had five vacancies. The staff team consisted of one social care leader and four social care worker posts. As a result of this staffing shortage, the centre were using five relief staff along with staff from other centres to cover the staff roster and there was limited capacity for annual leave, sick leave, and contingency cover for emergencies. There was evidence that the centre was actively recruiting and at the time of inspection one new social care worker had been appointed and another social care worker was due to return from leave in January 2023.

Inspectors found from interviews and a review of rosters that there had been a very high staff turnover in the year prior to inspection with eight staff including the centre manager leaving their posts. Inspectors noted from a review of the centre rosters in the six months prior to the inspection that there were periods when the centre found it difficult to staff the centre. This resulted on occasion in centre staff having to work additional shifts and back-to-back shifts to cover the centre's roster requirements. The centre also used staff from the organisation's other centres along with agency staff as a last resort to cover gaps in the roster. Inspectors were informed that the vetting process for agency staff who had worked in the centre was undertaken by recruitment agencies and centre and senior managers had no role in this process. The centre should make every effort not to use agency staff. However, in situations where agency staff are required the centre managers should ensure that all agency staff are vetted prior to working in the centre to assess their suitability and to ensure they are appropriately qualified.

While some social workers and external professionals in interview commended managers and several staff members for their commitment and support to the young people, the lack of a consistent staff team had a destabilising impact on the care of the young people. It was acknowledged in centre records that the high turnover of staff, the ongoing issue with trying to maintain minimum levels of staffing and having to depend on agency staff and relief staff to cover the roster placed stressors on all aspects of the service in terms of staff exhaustion, work being completed with the young people and in managing behaviour which as outlined in standard 3.2 of this report resulted in a discharge notice being issued to one young person. Additional pressure was also placed on both the centre and deputy manager to assume responsibility for records and to work on the floor supporting staff and covering the

roster. Despite the staffing issues all the young people in interview and questionnaires stated that they liked living in the centre but found it difficult at times particularly when there were staff on duty they were not familiar with

As highlighted previously in the report there were a number of staff members who did not have the required mandatory training including behaviour management, child protection, fire safety and first aid. Inspectors were informed that a training schedule was in place but no training needs analysis had been undertaken by the organisation to determine staff training needs. In addition to the mandatory training, inspectors recommend that training is provided to the team on substance abuse, gender identity, and self-harm.

The organisation's efforts to promote staff retention and continuity of care have not been successful based on the high staff turnover in the year prior to inspection. In interview the regional manager identified a number of measures in place to ensure staff retention. However, staff interviewed during the inspection were not familiar with many of these initiatives and more effort is required to increase awareness of the benefits of working for the organisation.

There was a formalised procedure for on-call arrangements at evenings and weekends. On-call was provided by the organisation's centre managers and social care leaders and there was an on-call schedule to ensure staff are aware of who to contact in an emergency. While inspectors found that generally on-call arrangements were effective and responsive inspectors found that on one occasion the on-call response was not acceptable. This related to an occasion when the centre was short staffed leaving one staff member on their own with three young people for a ninety minute period a day after a serious incident occurred. In spite of this, the on-call person did not provide additional staff cover for the centre. This issue was subsequently reviewed by senior management and an acknowledgement made that the on-call person should have made arrangements to ensure that additional cover was made available to the centre.

Compliance with Regulation	
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 registered provider must ensure that there are sufficient numbers of full time staff with regard to the number and needs of young people and the centre's statement of purpose.
- The registered provider must ensure that the practice of staff working back-to-back shifts ceases immediately.
- The registered provider must make every effort not to use agency staff. In cases where agency staff are required centre managers must ensure that agency staff are vetted prior to working in the centre to assess their suitability and to ensure they are appropriately qualified.
- The registered provider must ensure that members of the management team are not required to cover gaps in the centre roster
- The registered provider must ensure that a training schedule is put in place for all staff to receive the required mandatory training. In addition, a training needs analysis should be undertaken to determine staff training needs.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
2	The registered provider must review the decision to store all of the centres fire extinguishers in a locked room.	The registered provider has reviewed the relevant appropriate expert opinion in respect of the decision regarding the strategic location of fire extinguishers with our appointed fire engineer. The fire engineer has provided site specific written confirmation stating that where a likely risk exists of potential interference with firefighting equipment, which may render it in effective for use in the event of a fire or where fire extinguishers may be used as a weapon or at risk of vandalization, they can be located strategically as directed throughout the centre. We have carried out a risk assessment and based on our history and experience of young people's profiles and at risk behaviours, are satisfied that the fire extinguishers are appropriately located, behind locked doors in clearly identified strategic locations with associated fire signage which staff can	The centre risk assessment re; fire safety / equipment will be reviewed within the team meeting on the 25/01/23. Centre management will review on a monthly basis.

	<p>The registered provider must ensure that all staff that require training in first aid and fire training receive this training as a matter of priority. The fire safety training should include an onsite in person component.</p>	<p>access quickly if required via use of a master key which all staff carry on their person at all times while on shift.</p> <p>Fire training occurred on the 16/12/22. Additional fire safety training has been scheduled for 22/02/23. These trainings are inclusive of an onsite in person component. First Aid Responder (FAR) Training has been scheduled for the 31/01/23.</p>	<p>The centre will complete bi-monthly training audits. All training needs will be highlighted to the regional manager and appropriate trainings will be scheduled, in a timely manner.</p>
3	<p>The registered provider must ensure that all staff receive training in the centre's behaviour management model as soon as possible.</p> <p>The centre manager must ensure that the young people's ICSPCS are amended to reflect the centres planned approaches to managing challenging behaviour.</p>	<p>Behaviour management training is scheduled to occur on 27/02/23.</p> <p>All young people's ICSPCS have been reviewed and updated, to provide the staff team with guidance and intervention strategies on how to manage behaviours the young people may present with. This was completed on the 31/12/22.</p>	<p>The centre will complete bi-monthly training audits. All training needs will be highlighted to the regional manager and appropriate training will be scheduled, in a timely manner.</p> <p>All individualised practice and planning documents are reviewed on a monthly basis, by the young person's keyworking teams. All plans are reviewed and approved by the centres management</p>

			<p>team, prior to sharing with allocated social work departments.</p> <p>Keyworking duties and skills will continue to be focused upon within staff's supervisions, to ensure that all practice documents relating to the young people are effectively maintained and updated. This will be supported through the online resource library on the company's learning Hub. Placement planning auditing has been scheduled throughout the year by the Quality assurance department and regional manager</p> <p>The centre manager completes a monthly report which includes a review of risks for young people and the centre. This review identifies the status of all risks including the requirement for escalation. These reports are reviewed by the quality assurance manager. An audit focusing on risk identification and management has been scheduled for completion by the quality assurance department and regional</p>
	<p>The registered provider must ensure that an effective risk management system is in place which is understood by management and staff.</p>	<p>The registered provider has developed Risk Assessment and Management training which will be completed by all centre staff members by 22/02/23. In the interim the Risk Assessment and Management training will be reviewed within the team meeting on the 25/01/23. Where further concerns are identified additional support will be provided by the</p>	

	<p>The registered provider must ensure that the use and effectiveness of sanctions in the centre is reviewed.</p>	<p>regional manager and quality assurance manager.</p> <p>The regional and centre management conducted a review of the sanctions currently being utilised within the centre and the effectiveness of them. This occurred on the 11/01/23.</p>	<p>manager following training to ensure clear understanding.</p> <p>The use and review of effectiveness of sanctions are completed via several different processes i.e., Sanction reports, team meetings, management meetings, SERG meetings and Monthly centre reports. The regional manager will ensure that this practice continues on a regular basis. The centre manager completes a monthly report which includes a review of sanctions. These reports are reviewed by the quality assurance Manager.</p>
	<p>The registered provider must ensure that a proactive approach is taken to bullying behaviour and this issue is incorporated into young people's placement and key working plans.</p>	<p>The Bullying Policy and protocol has been reviewed within the team meeting on the 11/01/23 and an anti-bullying co-ordinator has been appointed. Placement plans and ISCPP's have been updated to include such issues.</p>	<p>The regional and centre management will review and assess all incidents of bullying and provide appropriate guidance in regard to the management of such issues. The Monthly Centre Report records all incidents of bullying, which is reviewed</p>

	The registered provider must ensure that the effectiveness of the current system of auditing and monitoring the centres approach to managing behaviour that challenges is reviewed.	The regional and centre manager have completed a review of behaviour management within the centre on the 29/12/22, guidance and feedback will be provided to the staff team by the 11/01/23.	and escalated to the organisation risk register for review where required. The senior management team will review the current auditing system in relation to managing behaviour by the 31/01/23.
6	The registered provider must ensure that there are sufficient numbers of full time staff with regard to the number and needs of young people and the centre's statement of purpose.	Staffing within the centre has increased in recent weeks, as one fulltime staff member has successfully onboarded, another staff member has moved into a part-time position and two other fulltime staff members are currently in the process of onboarding, since the inspection. The regional manager continues to liaise with recruitment department weekly regarding suitable candidates and interviews are completed promptly. The centre is currently staffed with; 1 social care manager. 1 deputy social care manager , 2 social care leaders, 4 social care workers, 1 part time social care	Staffing levels are a priority for the registered proprietor with additional resources brought in to support and enhance the recruitment department. The regional manager and recruitment department will continue to conduct weekly meetings and address the centres staffing requirements. In addition, risks associated with reduced staffing levels are discussed at senior management meetings.

		worker , 5 relief social care workers with 2 social care workers currently onboarding.	
	The registered provider must ensure that the practice of staff working back-to-back shifts ceases immediately.	Centre managers have been informed that back-to-back shifts are not permitted. Where the requirement is essential and unavoidable, a comprehensive risk assessment will be implemented, and regional manager will need to approve before this occurs.	The regional manager will continue to review monthly rosters and provide feedback to centre management teams. Any concerns regarding inappropriate shift patterns will be highlighted by regional manager immediately. The quality assurance department conduct quarterly reviews in relation to shift patterns.
	The registered provider must make every effort not to use agency staff. In cases where agency staff are required centre managers must ensure that agency staff are vetted prior to working in the centre to assess their suitability and to ensure they are appropriately qualified.	The registered provider will continue to make every effort not to utilise agency staff. However, in instances where this is unavoidable, regional managers will confirm in writing with the agency that staff are vetted and qualified.	Whereby a centre requires the use of an agency staff, the regional manager will confirm with the agency that the staff member is vetted and qualified.
	The registered provider must ensure that members of the management team	The registered provider will make every effort to ensure a full staff complement to	The regional manager will continue to work closely with the recruitment team to

	<p>are not required to cover gaps in the centre roster.</p> <p>The registered provider must ensure that a training schedule is put in place for all staff to receive the required mandatory training. In addition, a training needs analysis should be undertaken to determine staff training needs.</p>	<p>allow the management team to operate outside of the centre roster. Since the inspection, the provider has made a number of staff appointments and will continue to maintain a focus on a full staff complement.</p> <p>The registered provider have recently invested in a package to allow for better scheduling of staff training. centre management will review the bi-monthly training reports and schedule staff on required training. Training needs analysis are conducted as part of centre team meetings and individual supervision with staff.</p>	<p>ensure a full staff complement is hired. The regional manager will also maintain a strong focus on staff retention measures.</p> <p>The registered provider have invested in a package to track, monitor, and schedule staff training. Centre training is discussed and reviewed within centre management supervisions and management meeting. The regional manager will ensure that where a training need is identified, appropriate training will be scheduled.</p>
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