An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 165

Year: 2023

Inspection Report

Year:	**2023**
Name of Organisation:	**Daffodil Care Services**
Registered Capacity:	**Four young people**
Type of Inspection:	**Unannounced inspection**
Date of inspection:	**21st, 22nd & 23rd March 2023**
Registration Status:	**Registered from the 31st of October 2022 to the 31st of October 2025**
Inspection Team:	**Joanne Cogley** **Linda McGuinness**
Date Report Issued:	**7th July, 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 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 31st October 2019. 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 31st of October 2022 to the 31st of October 2025. Following an announced inspection in September 2022, there was a condition attached that there would be no further admissions until such time the centre had fully implemented the corrective and preventative action plan from that report and was compliant with the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III Article 7: Staffing.

The centre was registered to provide short to medium term care for four young people between the ages of thirteen and seventeen. The centre operated under a therapeutic support model which provided a framework for positive interventions with young people. The aim was to develop relationships focusing on achieving strengths-based outcomes through daily life interactions. There was one young person living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.6
2: Effective Care and Support	2.3
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 registered provider, senior management, centre manager on the 21st April 2023 and to the relevant social work departments on the 21st April 2023. 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 5th May 2023 however this was deemed unsuitable and returned to the provider for review. An updated CAPA was submitted on the 16th May 2023. This CAPA remained unsuitable, and the service was referred to the National Registration Enforcement Panel (NREP) for review.

A compliance meeting was held on the 11th of May 2023 to discuss how the service plans to address the staffing deficits. It was noted that the service is in the process of recruiting a number of staff for the centre. Following this the service were written to on the 2nd June 2023 informing them that it was the decision of the registration committee to propose to retain the attached condition to the centre's registration under Part VIII Article 61 (6) (a) (i) of the Child Care Act 1991. The condition being:

- There shall be no further admissions of a young person to this centre until such times as the centre can evidence that the qualifications, experience and availability of members of the staff of the centre are adequate, having regard to the number of children residing in the centre and the nature of their needs.

Further to this letter, written evidence of an increase to the staffing numbers in the centre was received on 26th June 2023. This matter was discussed at the registration committee held on 30th June 2023 and it was the decision of the committee to remove the attached condition to the centre's registration under Part VIII Article 61 (6) (a) (i) of the Child Care Act 1991.

As such, this centre, ID 165, is now registered without attached conditions from the 31st of October 2022 to the 31st of October 2025 pursuant to Part VIII, of the Child Care Act, 1991.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 7: Staffing
Regulation 16: Notification of Significant Events
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.6 Each child is listened to and complaints are acted upon in a timely, supportive and effective manner.

Inspectors offered the young person a chance to meet with them however they declined. It was evident from reviewing the young person's meetings and complaints that the young person's voice was being heard throughout their placement. There was evidence to show that the centre was acting on complaints and making changes to practice where it was reasonable and possible, and the young person was expressing satisfaction at this. The allocated social worker was of the opinion the young person's voice was heard in placement and they expressed satisfaction with how complaints were managed and brought to resolution. There was a young person's booklet in place which they received upon admission to the centre and this outlined their rights and responsibilities along with those they could contact should they need to express a concern or dissatisfaction. The young person had engaged with EPIC (Empowering Young People in Care) in the past.

The organisation had recently updated their complaints policy in March 2023 and this was in the process of being rolled out through team meetings and updated paperwork. Staff members interviewed were clear on the changes to policy and differentiating between a notifiable and non-notifiable complaint. Staff members were not familiar with "Tell Us" Tusla's policy for feedback and complaints and stated they would not be confident the young person would be aware of same either. This should be refreshed with team members and the young person informed of the purpose of the Tell Us system.

The centre held a complaint register for the purpose of tracking and oversight. Prior to the new system being implemented in March, inspectors noted that registers were not maintained contemporaneously and there was limited evidence of oversight on same. There had been no audit completed on complaints since the last inspection with the last one occurring in April 2022. The regional manager informed inspectors it was their aim to audit complaints on an annual basis. They informed inspectors

they completed an audit on complaints in May 2022. This audit was not made available to inspectors.

Compliance with Regulations	
Regulation met	**Regulation 5** **Regulation 7** **Regulation 16** **Regulation 17**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Not all standards were assessed**
Practices met the required standard in some respects only	**Standard 1.6**
Practices did not meet the required standard	**Not all standards were assessed**

Actions required

- The centre manager must ensure staff members and young person are familiar and aware of the purpose of the "Tell Us" Tusla's policy for feedback and complaints.
- The regional manager and centre manager must ensure there is evidence to show complaints are regularly reviewed and learning, where applicable, is implemented to improve practice in the centre.

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.

The centre was a two-storey detached house located in a rural area. There was ample recreation space both inside and outside the house. There were lots of boardgames, books and a games console available to the young person. There were no recreational

facilities available to them outside on the grounds. There were adequate bathrooms, bedrooms and storage facilities within the house and the centre was adequately lit, heated and ventilated.

The inspectors found on the day of inspection that the centre required a deep clean to remove cobwebs and dirt and required painting internally. Inspectors reviewed the maintenance register and health and safety audits and found a number of items being carried over month on month. In some cases, maintenance issues were taking over a month to address and there were items outstanding from January that had not been addressed at the time of inspection. The delays in maintenance issues being resolved has been addressed for this centre and other centres within the organisation in previous inspection reports. The regional manager confirmed that their processes in relation to maintenance remain the same and no extra recruitment has occurred to address the deficits.

Inspectors reviewed fire records within the centre. There was no evidenced oversight of same from the regional manager since 09/08/22 and no evidence of oversight from the centre manager. The fire safety representative was changed in recent months and this had not been updated in records. Fire drills were occurring frequently however the time of drill was not recorded therefore inspectors could not determine if one had occurred during the hours of darkness in the last 12 months. The time of fire drills should be included on records. It was noted the young person had not partaken in a drill since 13/04/22. All staff were trained in fire safety however a number of newer staff, relief staff and agency staff had not taken part in an actual fire drill conducted in the centre. There was evidence to show external contractors were completing the required checks on smoke alarms, extinguishers, lighting and the alarm system at regular intervals. Daily and monthly checks were occurring and there were no noted issues. However, upon a physical review of the centre there were nine fire doors not operational in line with requirements where their effectiveness was compromised as there were significant gaps between the door and the frame which would not prevent smoke or fire from spreading in the event of a fire. Eight of these were located downstairs and one upstairs. This was also not identified as an issue in maintenance records. On the day of the visit, inspectors also noted a number of doors being held open with doorstops, this was contrary to the centres own safety checks which highlight “every door fully closes” and “doors are not held open with door stops”. Inspectors wrote to the centre manager and regional manager during the inspection process in relation to these fire safety concerns. The centre manager confirmed remedial works were completed on the 24/03/23 and the practice of holding doors open had ceased. The centre had 6 fire extinguishers, all of

which were in their intended location. However, inspectors noted 4 of the 6 extinguishers were behind locked doors and there was not an adequate risk assessment in place to identify this risk and implement control measures. The regional manager must ensure appropriate oversight of fire safety to ensure deficits are identified and actioned as required.

Inspectors reviewed a sample of personnel files in relation to training and found in some instances staff training was provided during previous employment elsewhere and was not specific for this organisation. This included manual handling, and a recognised model of behaviour management. Inspectors noted there was an adequate number of staff trained in first aid responder training and ligature training.

There was a centre specific safety statement in place that had been reviewed in July 2022. This outlined the duties of employees and the risks associated with the centre, however, those interviewed were not familiar with the contents of this statement. Inspectors also noted this safety statement identified the need for chemicals to be locked in the office, this was not occurring in practice. There was a room off the kitchen that remained unlocked at all times. There were a number of cleaning products along with a bottle of weedkiller on the open shelves. Whilst the safety statement acknowledged that the laundry facilities were kept in the garage of the house the control measures noted young people would be supervised at all times while in the garage, which was confirmed by staff. It did not account for the environment, given the fact there were a number of broken items and unused items of furniture being stored close to the tumble dryer that may be considered a potential fire hazard.

Inspectors noted a recurring theme from reviewing documents in relation to the young person smoking in their bedroom. There had been attempts to discourage this behaviour through a number of behaviour management interventions however none appeared to have been successful and the behaviour continued. There appeared to have been inconsistent approaches amongst the staff when addressing this with the young person. This associated continued behaviour at the high end of the spectrum posed a risk to all those living and working in the centre should a fire break out at night-time. A domestic smoke alarm should also be fitted to ensure early detection in the event of a fire. Inspectors did not see appropriate procedures in place for managing this risk to the health and safety of people in the centre.

There were three cars available for the house. One of these was off the road at the time of inspection due to awaiting an NCT test. The other two were taxed, insured and roadworthy. There were licences evident on personnel files.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 8** **Regulation 14** **Regulation 15** **Regulation 17**
Regulation not met	**Regulation 13**

Compliance with standards	
Practices met the required standard	**Not all standards were assessed**
Practices met the required standard in some respects only	**Not all standards were assessed**
Practices did not meet the required standard	**Standard 2.3**

Actions required.

- The regional manager / registered provider must ensure a review of maintenance is completed in line with this and previous inspection findings and action taken to address all deficits.
- The regional manager and centre manager must demonstrate effective oversight of fire safety at regular intervals and ensure deficits are being addressed.
- The centre manager must ensure the time of fire drills are recorded and that the young person and all staff take part in a fire drill within the next month and going forward in line with policy.
- The centre manager must ensure there is an adequate risk assessment in place in relation to the location of fire extinguishers in the centre.
- The regional manager and centre manager must ensure all staff members are aware and have an understanding of the site specific safety statement in place and that risks and control measures identified in the statement are reflected in practice.
- The regional manager and centre manager must ensure there are appropriate procedures in place for managing the risk of smoking in the centre and the risk this poses to the health and safety of people in the centre.

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.

At the time of inspection there was a full-time office-based centre manager and deputy manager. There was a second deputy manager who worked shift work, three social care leaders and two social care workers available to work in the centre at the time of inspection. This was not in line with the requirements of the Child Care (Standards in Residential Centres) 1996, Part III, Article 7: Staffing and as set out by the ACIMS memo issued to providers dated 28/4/22 and was not sufficient for filling the rota on a day-to-day basis, which will be discussed further in this report.

There was limited evidence of effective workforce planning. Whilst 'staffing' formed a part of the standing item agenda for management meetings, the recorded discussions relating to this focused on those coming through the recruitment process and did not evidence discussions relating to covering sick leave, managing changes in the staff team, double shifts and the health and safety risks associated with same. The young person had been living in the centre over two years whilst the average length of service of the current staff team in this centre, excluding the centre manager, was seven months, with five staff members length of service in the centre below the average. Of the five social care staff working in the centre, two had a qualification in social care whilst the other three held a qualification in a recognised equivalent qualification. Inspectors reviewed staff personnel files and found experience in children's residential services to be limited within the current staff team.

There had been a number of noted changes within the staff team including staff transfers from other centres and resignations. It was noted by the allocated social worker that significant changes had occurred in the past year which resulted in the loss of significant relationships for the young person and this had an inevitable impact on the young person. Reflective records on handovers noted that some records were incomplete due to the inconsistencies of the staff team.

Inspectors reviewed a sample of rosters over a 3-month period (Dec '22 to Feb '23) and found the following:

- Two agency staff had worked within the centre.
- There were 12 occasions where staff members had worked double shifts and one occasion where a staff member worked a triple shift.
- In one instance one staff member worked 7 shifts in a thirteen-day period.
- There had been 3 occasions where either the centre manager or deputy manager covered shifts.
- There were 12 occasions where the rosters did not correlate with the daily logs reviewed with different names appearing on daily logs than those who were scheduled to work.
- On 14 occasions the second staff member was not rostered on to start shift until 5pm. This occurred once on a weekend thus leaving the first staff member lone working until the second staff began their shift.

Staff members and management interviewed confirmed they had not completed lone working risk assessments. There weren't robust risk assessments in place relating to the working of double shifts that accounted for the health and safety implications of prolonged work in a high stress environment and the effect it may have on decision making when working with young people. This issue had been highlighted in previous inspections within the organisation and was yet to be adequately addressed. Inspectors also noted whilst on site the risk register was being completed during inspection and records were not being created contemporaneously. Daily logs had noted on occasion the young person had stayed awake during the night resulting in a lack of sleep for staff members who were working double shifts.

There was an on-call system in place that saw the centre managers and deputy managers partake in a regional on call rota. Those interviewed confirmed they found this supportive and effective. There were arrangements in place to promote staff retention including membership of a health scheme, increments and maternity benefits following probationary periods and length of service milestones. However based on the turnover / average length of service it would be recommended arrangements are reviewed to ensure they are positively promoting staff retention.

Compliance with Regulation	
Regulation met	**Regulation 6**
Regulation not met	**Regulation 7**

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

Actions required.

- The regional manager must ensure effective workforce planning including the provision of sufficient numbers of staff with the necessary experience to meet the needs of the young people living in the centre.
- The regional manager and centre manager must ensure appropriate oversight of rostering to ensure it correlates with actual shifts worked, and that all health and safety risks are robustly addressed with a view to minimising risk to staff members.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The centre manager must ensure staff members and young person are familiar and aware of the purpose of the "Tell Us" Tusla's policy for feedback and complaints.	Additional information has been sourced and is available in the staff office for staff members to review and independently learn about the "Tell Us" policy, with this then being reviewed and discussed as a group at the next team meeting on the 03/05/2023. An individual work report will be completed with the young person around the "Tell Us" Tusla's policy for feedback and complaints by the 24/04/2023 and through the Young Person's Meeting on 26/04/2023. This information will be provided to all young people and added to the young person's information board in the kitchen area.	Information will be added to the young person's Welcome Handbook upon admission to the centre. The "Tell Us" Tusla's policy for feedback and complaints will be added to the Young Person's Meeting and Team Meeting agenda every 3 months to ensure that everyone is familiar with the right to complain and the various avenues available. Information on the The "Tell Us" Tusla's policy for feedback and complaints will remain in the staff office and new staff members will be prompted to read about this policy and ensure their understanding of this. This will then be discussed in supervision sessions.

	The regional manager and centre manager must ensure there is evidence to show complaints are regularly reviewed and learning, where applicable, is implemented to improve practice in the centre.	Regional manager has completed complaints audit on 24/04/2023. Actions to be completed on audit by social care manager and discussed at the Team Meeting on 17/05/2023. Regional Manager will verify completion of actions by 26/06/2023 All complaints which occur in the centre will be reviewed by the centre manager, Regional Manager and Quality Assurance Manager, and where learning is identified, ensure that this is implemented.	The centre manager will review and audit complaints via the centre's monthly governance report which is available to and overseen by the Senior Management Team. All complaints will continue to be discussed in a team meeting as they arise and any learning from these will be identified and discussed as team, to ensure development of practice.
2	The regional manager / registered provider must ensure a review of maintenance is completed in line with this and previous inspection findings and action taken to address all deficits.	The maintenance team have been available to the centre this month to complete any outstanding maintenance identified. The registered provider is actively recruiting for a 4th full time maintenance technician in addition to the existing 3 staff in the department and as and when required we continue to utilise external contractors to address urgent maintenance requirements across the organisation. Unfortunately given the nature of residential care and	In the event of maintenance issues not completed, these will be escalated from centre manager to the Regional Manager monthly. The Regional Manager will then co-ordinate with the maintenance department to ensure an appropriate and timely response is received and action taken. Where the maintenance department cannot complete an action, external contractors will be utilised.

		property management on occasion scheduled works such as painting and prevention maintenance does need to be postponed and rescheduled due to urgent response items which arise such as waste system blockages, heating system faults, broken windows requiring boarding up etc. which can result in the maintenance department being diverted from pre-planned works. In respect of fire door closers, in addition to improved auditing and review of fire safety in the centre, we have reviewed our organisational approach and will move away from the use of door Perko closers and adopt the use of overhead closers, due to the issues experienced with wooden doors and frames contracting and expanding due to heat which can affect them closing fully and we have identified a method to fit overhead closers which caters for our original reservations in respect of ligature risk and clinical feel in bedrooms, as per example attached	

		whereby the closer will be on the outside of the door recessed within the door frame and not protruding in so far as practicable.	
	The regional manager and centre manager must demonstrate effective oversight of fire safety at regular intervals and ensure deficits are being addressed.	Centre manager has completed a full review on the fire safety folder on the 27/04/2023. Centre manager has thoroughly reviewed and communicated the fire safety representatives roles and responsibilities on the 04/05/2023. Centre manager and deputy manager will complete fortnightly oversight on this folder to ensure all issues are accurately documented and escalated appropriately. All issues identified during the inspection process have been rectified and documented accordingly. Fire safety training has been scheduled to take place on the 16/5/23 to ensure training is accurate and consistent with company policy and procedure.	Fire safety will be discussed monthly in a team meeting for the next three months to ensure all staff members are confident in identifying fire safety issues and making the centre management team aware of same so they can be resolved immediately. Centre manager will complete supervisions around roles and responsibilities in relation to fire safety.

	The centre manager must ensure the time of fire drills are recorded and that the young person and all staff take part in a fire drill within the next month and going forward in line with policy.	Regional Manager will enhance oversight in this area during site visit observations on a weekly basis and report on same in monitoring reports, along with file audit/review on a 2-3 month basis to ensure consistency and appropriate response/actions are taken. A fire drill took place with the young person and staff on shift, including a student on the 20/4/23 in darkness. The centre manager conducted a fire drill on the 17/04/2023 at a team meeting to include all staff members. Any relief staff members, who have not been working in the centre, will be included in a fire drill on their next shift that is scheduled. Any agency staff who work in the centre will be shown the fire evacuation procedure and a fire drill will be completed. The centre manager will ensure times are included on all fire drills going forward, with more regular review being implemented.	Regional Manager will ensure oversight from centre manager and deputy manager through centre audits and staff interviews in relation to fire safety and sporadic check in's with staff members around their confidence in their role in relation to fire safety. The centre manager will ensure that fire drills take place when an agency is working in the centre, a new student, a new young person, or any new staff members as part of their induction process to the centre and thereafter every quarter as per policy. The fire policy and fire drills will be discussed within team meetings every 3 months going forward, to ensure records and practice are compliant with policy. The centre manager will liaise with the fire representative to ensure full review and monitoring of the fire drills going forward, and that specific times of drills are included. Regional manager will monitor that fire drills are taking place in line with policy

			and that they clearly indicate the time completed. This will be completed through fire safety audits.
	The centre manager must ensure there is an adequate risk assessment in place in relation to the location of fire extinguishers in the centre.	A centre risk assessment has been completed and is on file regarding fire extinguishers being behind locked doors. All staff members have been shown this risk assessment and have read and signed it to show understanding. This will be discussed in the next team meeting on the 03/5/23.	The completed centre risk assessment will be discussed and reviewed in team meetings every 3 months along with the fire policy. Any new staff members will be shown the risk assessment and asked to sign this as part of their induction to the centre.
	The regional manager and centre manager must ensure all staff members are aware and have an understanding of the site specific safety statement in place and that risks and control measures identified in the statement are reflected in practice.	All cleaning products have been locked away, as per centre safety statement. The centre specific safety statement was discussed in detail at a team meeting on the 17/04/2023 to ensure consistent practice.	The regional manager and centre manager will complete sporadic centre checks to ensure cleaning products or other items are securely locked away as indicated in the safety statement. Centre manager will discuss the centre specific safety statement with each staff individually in supervisions over the next month.

			Any new staff members will be show the centre specific safety statement and will be asked to sign this to show understanding as part of their induction to the centre.
	The regional manager and centre manager must ensure there are appropriate procedures in place for managing the risk of smoking in the centre and the risk this poses to the health and safety of people in the centre.	The centre risk assessment in place has been thoroughly reviewed and updated with relevant risk level based on staffing experience and ability to manage this risk. This will be reviewed monthly until current young person transitions. Centre manager will discuss risk management procedures with the young person to ensure they are also part of this process and will oversee the completion of monthly fire drills.	Centre risk assessment and behavioural presentation of young people in relation to smoking in their bedroom will be discussed at Team Meetings and Young Person's Meetings to ensure risk assessment is being kept up to date. Fire evacuation procedure will be discussed in handovers regularly and will be completed as part of the induction of new staff members. Regional manager will review this through identified themed audits around fire safety and risk management.
6	The regional manager must ensure effective workforce planning including the provision of sufficient numbers of staff with the necessary experience to meet the needs of the young people	Recruitment measures are discussed weekly in a recruitment meeting with senior management. Regular communication with recruitment department clearly relays the needs of the	The Recruitment Department will continue to schedule interviews with any appropriate candidates. Regional Manager will continue to attend weekly recruitment meetings and escalate

	living in the centre.	centre and is escalated to the Senior Management Team as required. Additional recruitment measures have been implemented with different means of advertisement being explored in order to reach a wider audience. Centre manager has been involved in numerous interviews to fulfil the staffing complement of the centre.	the need for staffing in the centre.
	The regional manager and centre manager must ensure appropriate oversight of rostering to ensure it correlates with actual shifts worked, and that all health and safety risks are robustly addressed with a view to minimising risk to staff members.	Centre manager will ensure the sign in book has correct information of staff working on shift. Centre manager and deputy manager will ensure this correlates across all paperwork day-to-day also. Regional Manager will enhance oversight of rostering to ensure all information correlates. Centre risk assessment has been updated to reflect recognised risk of health and safety to staff members leaving shift after not gaining enough sleep. Double shifts will also be minimised.	Any double overnight shifts will require approval from Regional Manager and centre risk assessment will need to be provided regarding same, with identified risks and appropriate risk management plan in place.