An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 180

Year: 2023

Inspection Report

Year:	**2023**
Name of Organisation:	**Daffodil Care**
Registered Capacity:	**Three young people**
Type of Inspection:	**Announced Themed Inspection**
Date of inspection:	**24th and 25th July 2023**
Registration Status:	**Registered from the 04th November 2023 to the 04th November 2026**
Inspection Team:	**Linda Mc Guinness** **Anne Mc Evoy**
Date Report Issued:	**13th October 2023**

Contents

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 their first registration in November 2020. At the time of this inspection the centre was in their first registration and in year three of the cycle. The centre was registered without conditions from the 04th November 2020 to the 04th November 2023.

The centre's purpose and function was to accommodate three young people from age thirteen to seventeen years 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 several 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 living in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1
4: Health, Wellbeing and Development	4.2
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 registered provider, senior management, centre manager and to the relevant social work departments on the 3rd August 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 16th August 2023. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with 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, ID Number: 180 without attached conditions from the 04th November 2023 to the 04th November 2026 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

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

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

Inspectors found at the time of inspection, that the centre was generally operating in line with relevant legislation and complied with reporting procedures set out in Children First: National Guidance for the Protection and Welfare of Children, 2017 and in line with the requirements of the Children First Act, 2015. Staff had received training in Tusla's eLearning module: Introduction to Children First, 2017 and the organisation provided child protection and safeguarding training.

The regional manager informed inspectors that learning from inspections in centres across the region in respect of obligations under Children First, 2017 were discussed across the organisation and were implemented in this centre.

There was a Child Safeguarding Statement (CSS) displayed in the centre that included potential risks of harm/abuse for young people living in the centre, as defined under the Children First Act, 2015. Staff interviewed during inspection were familiar with these risks and the measures in place to mitigate against potential harm. Inspectors found however, that the CSS it did not include the risk of child sexual exploitation. The centre manager must ensure the potential for this risk is incorporated into the centre's Child Safeguarding Statement.

Staff interviewed were aware of their responsibility as mandated persons and of the reporting procedure through the Tusla Child and Family Agency portal. The organisation's safeguarding policy identified the procedure in place to inform allocated social workers and the parents of any child welfare and protection concerns arising.

During staff interviews, there was some confusion about who was the named Designated Liaison Person (DLP) and the Deputy DLP. Organisational policies named the director as the DLP but stated that this role is delegated to centre managers. This appears to have caused confusion in the centre. There was no

reference to the deputy DLP role although one person said the regional manager held this post. Some staff named the unit manager as the DLP and others named the Director. Inspectors recommend that the policy is reviewed to ensure absolute clarity and that staff are clear on who holds these roles.

The inspectors found that the centre manager had clear systems in place for recording, reporting and tracking the status of mandated reports and reports where there were reasonable grounds for concern relating to the young people. This was overseen by the regional manager. They maintained a child protection and welfare register and all reported concerns and relevant information were held on file in the centre. There were systems in place to track the status of reports and the outcome up to the point of being closed by the child and family agency.

There were four open child protection and welfare reports on file at the time of the inspection. Three of these were currently under review by Tusla and/or An Garda Síochána and the centre manner sought regular updates. A fourth report related to a young person no longer in the centre and the manager was making efforts to communicate with the social work department to record the outcome on the register. Inspectors found that the centre manager had good oversight of child protection and welfare concerns and that these were also discussed in team and senior management meetings and were reported in in governance reports and centre audits.

There were a range of written policies to safeguard the young people in the centre and these were highlighted in the child protection policy and included recruitment and selection, risk assessment and management, safe practice and working alone, complaints, bullying, a code of practice, protected disclosures, and an on-call policy. Inspectors found that one aspect of the safeguarding policy was not in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. This related to investigations where there was an allegation of abuse against a staff member. The regional manager informed inspectors that the suite of policies was under review and that following inspections of this centre and others within the organisation this section was being revised. The director of services must ensure that the written policy is reviewed and updated to ensure legislation and national guidance is followed in all instances. Inspectors recommend that the consequences of not reporting under the Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act 2012 (as referenced in Children First, National Guidance for the Protection and welfare of Children, 2017) is included the policy as part of the current revision and update.

Inspectors found evidence through interviews, review of risk assessments and minutes of meetings that the centre manager was a strong leader with a focus on the provision of safe care and at the time of inspection the staff team had a keen awareness of safeguarding the young people living in the centre.

Pre-admission and impact risk assessments were on each young person's care record that set out potential risks or vulnerabilities and recorded appropriate control measures. Social workers confirmed in interview that potential admissions to the centre were discussed with them and that they received copies of pre-admission risk assessments for consideration/comment. Following admission, individual risk assessments addressed identified areas of vulnerability for each young person, and these were subject to regular review at team meetings.

Staff were alert to a risk of bullying in the centre and reported that it was not a concern at the time of inspection. While some issues arose in respect of group dynamics this was being well managed at the time of inspection. All young people provided feedback to inspectors that they felt that the adults caring for them would take bullying seriously. It was evident that the centre manager had established a culture of respect and trust in the house. Young people also named staff they could speak to if they were unhappy.

In the weeks prior to inspection a safeguarding concern arose between young people in the centre. Inspectors found that this was appropriately reported, individual safety plans were developed, and regular strategy meetings were convened. This matter was still being investigated at the time of inspection. The social workers and Guardians ad Litem who spoke with inspectors felt that this was well managed and that the centre manager advocated for both young people and put robust safety plans in place.

Notwithstanding this, inspectors found that in response to this issue the centre staff and manager permitted one young person to stay alone at night in a separate part of the premises (outbuilding) on one occasion. This building was not suitable and was not part of the registered premises. While there were three welfare checks and they had consulted with social workers and the Guardian ad Litem, and completed a risk assessment, there were obvious health and safety and fire safety risks and this should not have occurred. There was no communication with the Alternative Care Inspection and Monitoring Service at the time this decision was made.

Inspectors found from interviews and review of records that improvements were required in staff knowledge of the specifics of the Criminal Law Sexual Offences Act

2017 (as referenced in Children First, National Guidance for the Protection and welfare of Children, 2017) and their obligation to record information to support a risk assessment relating to sexual activity amongst minors.

Inspectors reviewed individual work records that evidenced the work completed with young people to assist them to develop self-awareness and skills needed to keep themselves safe in the community. There was evidence across the care records of collaborative multi-disciplinary work with social workers, guardians ad litem and clinical specialists involved with young people.

As discussed, there was a written policy and procedure in place on protected disclosures. Staff were able to identify persons to whom they could bring concerns about poor practice should it be required. They were confident that they could challenge each other's practice within the team and described an open and transparent culture, reflective practice and trust in the centre manager. There were no reported protected disclosures since the last inspection of this centre in December 2022.

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	**Standard 3.1**
Practices did not meet the required standard	**Not all standards under this Theme were assessed**

Actions required.

- The director of service must ensure that a potential risk of child sexual exploitation is incorporated into the centre's Child Safeguarding Statement.
- The director of service must ensure that safeguarding policy is revised and updated to ensure it is in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. Internal investigations must not take place while open child protection and welfare concerns are being investigated by Tusla, the Child and Family Agency.
- The director of service must ensure that no young person stays at any time in an unregistered separate part of the premises.

Regulation 10: Health Care

Theme 4: Health, Wellbeing and Development

Standard 4.2 Each child is supported to meet any identified health and development needs.

Two of the young people had up to date care plans and while a child in care review took place for the third young person a care plan to support placement planning was requested by the centre manager but not yet provided. They were in placement for five months but the care plan on file related to a previous placement. Overall, the inspectors found there was a good focus on the young people's physical, emotional, and psychological wellbeing. Inspectors found that management and staff promoted the general health and wellbeing of young people in line with their care plans and through day-to-day care and placement planning. Their health and development needs were identified on admission and incorporated into placement plans and through planned individual work. Interventions and supports were identified and sourced in consultation with supervising social workers.

Social workers and a Guardian ad Litem told the inspectors that the staff and managers were supportive of the young people and promoted all aspects of their health and wellbeing.

Each of the young people were registered with a general practitioner (GP). The centre manager advocated strongly for young people to remain connected to their communities of origin and some of them were able to remain with the GP they had prior to admission to the centre. The team worked closely with health care professionals to promote the health and wellbeing of each young person.
They all were offered access to appropriate dental and optical care services and were offered access to therapeutic supports if required.

In the case of one young person their access to a specialist support service was interrupted as the therapist felt that there was a conflict of interest in that they were working with two young people who lived in the service. At the time of inspection another specialist was not yet identified to support this young person with a number of complex needs. The manager advocated strongly on this issue however it was still outstanding, and they should consider making a complaint on behalf of the young person if not resolved imminently.

The centre maintained appropriate records of all medical and specialist appointments and guidance and direction of specialists was incorporated into young people's plans and discussed at team meetings. Medical consents were held on the care records for each young person. Two young people had records for childhood immunisations and this was requested for the other young person. It was not evident on file if all young people were afforded the opportunity to access the HPV vaccine or the catch-up programme if they did not get this through school/education. The centre manager informed inspectors they would follow this up as a matter of priority.

While young people had a preference for processed food there was evidence that there was a focus on encouraging young people to eat meals that were nutritious and well balanced. While this was not entirely successful, and young people often ate high fat, high sugar content food, records showed discussions took place with them in a sensitive manner to promote and encourage a healthy lifestyle. There was some evidence that this was starting to have a positive impact. The team also made efforts to limit access to unhealthy snacks in the centre.

Inspectors found that key working and individual work sessions took place with young people on a range of health-related topics however, a greater focus was required on smoking cessation and vaping as all young people smoked or vaped and this was not always evident on the records. Key working records also showed that they were supported to develop knowledge and understanding around sexual development and sexual health using age-appropriate resources. One young person required a more co-ordinated plan relating to their individual care and staff stated that training would be beneficial to support them with specific issues.

There was a medication management policy and procedures were in place to support staff practice in relation to the storage, administration, and disposal of medication. Staff were trained in the safe administration of medicines. Medication records were maintained for each young person and there were systems were in place to ensure that medicines for young people were managed safely. While young people had visited their GP for a medical on admission and there were discussions relating to approval for pro re nata (PRN) medication the signed permissions by the GP were not yet held on all care files. This was being processed at the time of inspection following review of the medication policy. Audits and medication counts were undertaken in line with policies and the regional manager completed an audit covering this standard in December 2022. They also had real time oversight of the online reporting

system that included health and medication. Inspectors viewed where medication was stored in a secure manner in the centre.

There were no medication errors reported since the last inspection of this service in December 2022.

Compliance with regulations	
Regulation met	**Regulation 10**
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 4.2**
Practices did not meet the required standard	**Not all standards under this Theme were assessed**

Actions required.

- The centre manager must continue to advocate for one young person's access to specialist support and consider making a complaint to Tusla if this is not forthcoming.
- The centre manager must ensure that there are copies of signed PRN permissions by the GP on each young person's file.
- The centre manager must make efforts to source training for staff in respect of supporting planning for one young person.
- The centre manager must ensure there is more evidence of proactive education/programmes with young people about smoking and vaping cessation.

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 workforce planning was discussed at management support meetings and dedicated recruitment meetings. These records were now made

available following a recommendation in a recent inspection. There was evidence that the centre manager worked closely with the regional manager in respect of the recruitment and retention of staff in the centre.

The inspectors found there have been significant staffing challenges in the region since this centre commenced operations in December 2020. The statement of purpose for the centre states that the centre should maintain at all times a staff complement of three full time permanent social care leaders, seven full time permanent social care workers and access to a panel of a minimum of two relief social care workers. This complement has not been achieved across the last two inspections of the service in February and December 2022.

The centre manager and the deputy manager were based at the centre Monday to Friday during office hours. At the time of inspection, the team comprised of the social care manager, deputy manager, two social care leaders, two acting social care leaders (who had commenced a recently implemented progression programme) and two social care workers. An agency staff member who was successful in interview was onboarding at the time of inspection and two other staff were identified and undergoing vetting procedures. Another staff member was supported and facilitated to take extended leave in line with a flexible approach to staff retention and was due to return in September 2023.

At no time during any of the three inspections since May 2022 has the centre been compliant with the minimum staffing requirement of eight full time social care staff working in the centre. At the time of inspection and for an extended period prior to this, there was not adequate numbers of staff to support the proposed roster that included two sleepovers and one day shift. The roster was changed to remove the day shift when young people were on access visits. On occasion, staff for this centre were sent to work in other centres within the region when young people were away on access. This meant that on call would have to be contacted if an issue arose and young people needed to return.

Additionally, a review of centre records showed that both staff and young people had complained about deficits in staffing. One young person complained about being asked to change their free time due to a lack of staff. This complaint was upheld. Other records showed that staff expressed dissatisfaction at having no day shift and that plans were clashing and there were not enough staff to facilitate all three young people's plans. It also stated that this contributed to staff being tired. Staff interviewed told inspectors they sometimes covered extra shifts where there were

deficits to ensure consistency for young people. Inspectors found that some staff completed 36-hour shifts in the centre consisting of a day shift after their overnight shift. This practice should cease immediately, and staff should not work back-to-back shifts at any time. This has previously been communicated to the organisation on many occasions during inspections of other centres. It was significant too that this centre was reported as having the highest sick leave in the region.

The staffing complement was not in line with the written placement proposals for the admission of young people to the centre. Also, risk assessments and safety plans viewed by inspectors found that control measures in place stated that there were two sleepover staff and one day shift at all times. This was not in place and should not have been included as a mitigating factor.
Inspectors did find that staff were rostered to provide outreach support when one young person was staying out of the centre for an extended period.

There was a balance of experienced to newly qualified staff on the team. Three staff members had in excess of two years' experience. Where possible, less experienced staff were rostered with more experienced staff members. There was evidence that the manager and deputy provided less experienced staff members with guidance, direction, support and supervision. All staff interviewed, senior management, social workers and Guardians ad Litem reported that the current manager and deputy were strong leaders and had contributed to recent stability in the centre. They reported a regular presence of the regional manager in the centre to meet with young people and staff and support management.

There were two relief staff identified to cover sick leave and annual leave however, one of these was only available at weekends and was generally scheduled to work as part of the rota limiting their availability to cover unplanned leave.

The staffing qualifications were in line with the requirements of the Child Care (Standards in Children's Residential Centres) Regulations, 1996. The manager, deputy and three of current staff team staff held a recognised social care qualification and the remaining two social care staff held relevant qualifications. The staff member due to return in September also held a social care qualification.

There was a written policy on staff recruitment and selection. Arrangements were in place to promote staff retention such as a progression programme, facilitating team building events, providing pension and health insurance schemes, some maternity benefits, sick leave pay, increased pay scales and group discounts. Staff also received

vouchers in 2022 that were well received and appreciated. Review of records however found that staff had expressed dissatisfaction at pay scales some of which they stated were only slightly higher than minimal wage. They also felt that the maternity leave was not as much of an incentive as intended, as staff had to be in the role for three years before it was accessible to them. Inspectors found that while there was a staff forum in place it was not viewed as being meaningful and requires review to ensure that it promotes positive outcomes in respect of staff satisfaction and retention. While it was not possible to grant all wishes expressed by staff, improvements in communication could support more effective outcomes.

Staff interviewed felt well supported in their day-to-day work and described support mechanisms in place to manage any potential negative impact of working in the centre. Supervision, debriefing and access to training were identified by staff as significant support mechanisms. All felt that the manager was a strong advocate for both them and the young people.

There was a written policy in relation to on-call arrangements. Centre managers, deputy managers and social care leaders provided on-call support on a rotational basis across the region. Staff confirmed in interview that this was a beneficial and responsive support. Records were maintained of on-call activity and there was a handover process for on-call managers.

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	**Standard 6.1**
Practices did not meet the required standard	**Not all standards under this Theme were assessed**

Actions required.

- The director of service must ensure that there are appropriate numbers of staff employed with regard to the statement of purpose and number and needs of young people to be in compliance with the childcare (standards in residential centres)1996, part III Article 7 Staffing and the ACIMS regulatory notice Minimal Staffing Level & Qualifications CRC Settings June 2023.

- The director of service must ensure that there is a panel of suitably qualified relief staff to provide cover for annual and unplanned leave.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
1	The director of service must ensure that a potential risk of child sexual exploitation is incorporated into the centre's Child Safeguarding Statement.	The centre's Child Safeguarding Statement will be reviewed to incorporate potential risk of child sexual exploitation by 16.09.23. This will reflect the guidance in Tusla's Child Sexual Exploitation Procedure. Training in child sexual exploitation will also be provided to the staff team. This will be completed by 16/09/23.	The centre's Child Safeguarding Statement is reviewed and updated on a bi-annual basis to reflect and assess the associated safeguarding risks.
	The director of service must ensure that safeguarding policy is revised and updated to ensure it is in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. Internal investigations must not take place while open child protection and welfare concerns are being investigated by Tusla, the Child and	The Safeguarding policy is currently being reviewed by the Director of Services and Quality Assurance Manager to ensure that clear and robust guidance is provided in line with Children First regarding internal investigations. This will be completed by 16/09/23. Furthermore, all centre management teams have been informed that child protection welfare referrals must	The Safeguarding policy will be circulated throughout the organisation and reviewed within team and regional meetings to ensure that all staff members are aware of the direction in relation to such practice.

	Family Agency. The director of service must ensure that no young person stays at any time in an unregistered separate part of the premises.	be investigated by the Tusla Social Work Department in the first instance. This direction was provided in 2022. This was an isolated incident, which was supported by the young person's Social Work department as one element of a safety plan. However, this will not occur in the future.	Young people will not stay in an unregistered separate part of the premises. This will be discussed within the regional meeting on the 04/09/23 for on-call purposes.
4	The centre manager must continue to advocate for one young person's access to specialist support and consider making a complaint to Tusla if this is not forthcoming. The centre manager must ensure that there are copies of signed PRN permissions by the GP on each young person's file.	An additional child in care review has been requested to take place for this young person on the 17/08/23, whereby specialist support will be discussed and integrated into forward planning for this young person. Centre manager emailed specialist support identified and on the 11/08/23, it was agreed that young person would be reintegrated into their programme. All young people will have a signed copy of approved PRNs on file by the 01/09/23.	The centre and centre manager will continue to advocate for all the young people, in relation to accessing specialist support where required. The company implemented a new OTC (PRN) approval form on the 23/05/23, which has been reflected in an updated medication policy. PRN forms will be

			completed on admission and updated as required.
	The centre manager must make efforts to source training for staff in respect of supporting planning for one young person.	Specific training has been sourced to support planning for one young person. Centre manager is currently organising and booking a suitable date. Training will be booked by 01/09/23 and complete by 01/10/23.	A training audit and analysis is completed on a bi-monthly basis, which is reviewed by the Regional Manager and Quality Assurance manager. The training needs of the centre are then scheduled to ensure all staff are provided with the training needed to support and care for the young people.
	The centre manager must ensure there is more evidence of proactive education/programmes with young people about smoking and vaping cessation.	Smoking and vaping cessation programmes have now been implemented into the young people's placement plans from 14/08/23.	The centre manager and team will continue to bring an awareness of all health needs of the young people within the centre, as needs arise. This will be overseen by the Regional Manager.
6	The director of service must ensure that there are appropriate numbers of staff employed with regard to the statement of purpose and number and needs of young people, to be in compliance with the childcare (standards in residential centres)1996, part III Article 7 Staffing	Staffing within the centre has increased in recent weeks, as one full-time staff member has successfully been onboarded, and induction is scheduled for 21/08/23. The Regional Manager continues to liaise with the recruitment department weekly regarding suitable candidates and	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

	and the ACIMS regulatory notice Minimal Staffing Level & Qualifications CRC Settings June 2023. The director of service must ensure there is a panel of suitably qualified relief staff to provide cover for annual and unplanned leave.	interviews are completed promptly. The centre is currently staffed with; 1 SCM, 1 DSCM, 4 SCL, 3 SCW, 2 RSCW (one SCW currently onboarding and one SCW due to return from a career break 01/10/23.)	staffing requirements. In addition, risks associated with reduced staffing levels are discussed at senior management meetings.