



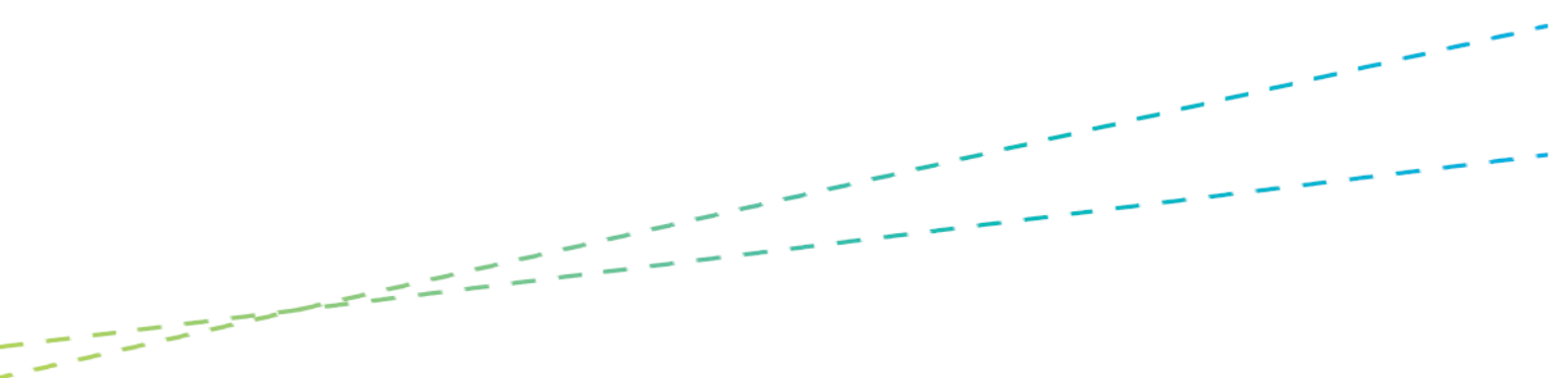
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 006

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Type of Inspection:	Announced themed inspection
Date of Inspection:	30th November, 01st and 02nd of December 2020
Registration Status:	Registered from the 13th of March 2021 to the 13th of March 2024
Inspection Team:	Paschal McMahon Lorna Wogan
Date Report Issued:	20th January 2021

Contents

1. Information about the inspection	4
1.1 Centre Description	
1.2 Methodology	
2. Findings with regard to registration matters	7
3. Inspection Findings	8
3.1 Theme 4: Health, Wellbeing and Development	
3.2 Theme 5: Leadership, Governance and Management (Standard 5.2 only)	
4. Corrective and Preventative Actions	15

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 Assurance 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 second registration and in year three of the cycle. The centre was registered without conditions from the 13th of March 2018 to the 13th of March 2021.

The centre's purpose and function was to accommodate four young people of both genders 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 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 four young people resident in the centre.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
4 : Health, Wellbeing and Development	4.1, 4.2, 4.3.
5: Leadership, Governance and Management	5.2

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 via teleconference with the relevant persons including 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 23rd December 2020. This inspection found the centre to be operating fully compliant with the standards inspected therefore there was no issues requiring action identified. The centre manager reviewed the report for accuracy and returned the draft report on the 5th January 2021.

The findings of this report 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: 006 without attached conditions from the 13th of March 2021 to the 13th March 2024 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10 Health Care

Regulation 12 (1) Provision of food and cooking facilities

Theme 4: Health, Wellbeing and Development

Standard 4.1 The health, wellbeing and development of each child is promoted, protected and improved.

Inspectors found that there were comprehensive initiatives and practices in place to promote the health safety and development of each young person which were supported by a range of centre policies and procedures. Staff members in interview referenced the centre's policies on general physical health, drug and alcohol, self-injury and the administration of medicine policy. It was evident from a review of centre records and that the centre placed a strong emphasis on the importance of young people maintaining good physical and mental health and wellbeing.

Inspectors found that substantial individual work had been undertaken with the young people in relation to their physical, sexual and mental health and self-care. There was a good use of resources and worksheets to engage with the young people. In circumstances where young people chose not to engage in formal key work sessions, staff used opportunities in daily routines such as car journeys to discuss important issues with the young people. The centre had put supports in place and provided guidance to young people on smoking cessation, substance abuse and self-harm. The staff team had also been provided with training in a number of areas of practice such as ASSIST, understanding self-harm and ligature training.

Inspectors found from review of centre records and interviews that there was good communication between the centre and the allocated social workers and they worked collaboratively to meet the health needs of the young people and this was confirmed in social work interviews and questionnaires. The centre had established good links with external agencies including ACTs and CAMHS and these services to guide their work with the young people.

Inspectors found evidence that the young people were involved in cooking, baking, food preparation and shopping. The young people were consulted in relation to their food choices and were offered a healthy and nutritious diet and snacks. Staff were responsive to the young people's dietary issues and work had been carried out with young people on diet and nutrition. The young people's cultural dietary preferences

were also considered and one of the young people was assisted by staff in purchasing ethnic foods.

All staff interviewed spoke about efforts they made to share an evening meal together with the young people and to make this a positive social event. This was difficult at times due to young people's schedules in terms of family access, free time and education/ training routines. Staff were conscious of the importance of having at least once meal a day together and inspectors learned of efforts made by staff to get everyone to share a main meal on a Sunday or on a take away night.

Inspectors found that an independent living skills programme was in place for all the young people to provide them with the necessary skills required for leaving care. Each young person's placement plan contained an independent living section which identified tasks or specific pieces of work the young person needed to complete. Care plans were also comprehensive and identified social skills and life skills that needed to be worked on and followed up on in placement plans. One young person was coming to the age of leaving care and there was evidence that good work had been done on their independent living skills and their aftercare needs assessment. Throughout key work records there was evidence that staff supported the young people to be resilient and provided them with skills to manage the adversity they experienced in their lives. Staff demonstrated a high level of sensitivity and understanding around their past life experiences such as childhood trauma, loss and separation and worked with the young people to support them and improve the quality of their lives.

Inspectors were satisfied that the young people were given opportunities by staff to exercise autonomy in decision making including responsibility where appropriate for managing their medicines, using public transport and budgeting and the older residents were encouraged to make their own appointments with their GP. The young people were given guidance and support by staff on anger management, conflict resolution and assistance to develop listening skills and this was evident in key work records.

At the time of inspection one young person was coming to the age of leaving care. Inspectors found that substantial work had been undertaken with the young person in relation to planning their future, looking at further education and employment opportunities and identifying short and long term goals.

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

The inspectors reviewed the care files and found that there were assessment reports on file informing the physical and mental health needs of the young people. The relevant sections of care and the admission files contained a range of up to date medical, psychological, and social history reports along with educational assessments. A review of placement plans and key working records evidenced that information in these reports was informed by those assessments and guided staff in their practice.

Inspectors found that social workers had provided the centre with comprehensive social work histories with a record of medical and health information and other relevant medical reports on admission. All medical appointments including dental and ophthalmic appointments were recorded on file along with the outcome of these appointments. All young people had access to a G.P. and efforts were made for the young person to remain with their family GP where possible. Appropriate medical consent forms were on file for emergency medical care signed by parents or social workers as appropriate.

There was evidence of good collaboration with social workers to ensure the young people had access to the required specialist services. Referral letters to specialists were on the file. Records viewed by inspectors showed that when additional specialist services were required there was evidence that centre staff advocated on behalf of the young people to access services and have their needs met. Where young people chose not to engage in specialist services the team had engaged the support of these specialists to guide the staff practice and approach to working with the young people in their day to day care. The centre also supported one of the young people to transfer to a specialist service closer to the centre which proved more effective for them in terms of their engagement and access to this service.

Inspectors reviewed the medication management policy and found it to be in line with legislative and regulatory requirements. Staff interviewed were aware of the policy and confirmed that they had received training in the safe administration of medication. At the time of inspection two staff members required medication training and this was scheduled. The inspectors reviewed medication records and were satisfied that medication was appropriately recorded with evidence of management oversight. Inspectors noted that there was one medication error recorded in the period under review. This was reported to the centre and regional

managers and a risk assessment was conducted following this incident. This incident was also reviewed at a team meeting where the medication management policy was revisited and staff reminded of the centre's procedures for the administration of medication.

Standard 4.3. Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Inspectors found that there was a strong focus on the young people's education and the value of gaining a good education was relayed to the young people in terms of maximising their opportunities when they leave care. On admission there was good evidence that social workers gave due consideration to the importance of maintaining young people's placements in their own school where possible. At the time of inspection three of the four young people attended education/training placements. The fourth young person had experienced difficulties in their school placement and was reluctant to attend. The school required a number of specific meetings take place with the centre management and social work department before a return to the school was considered. There was evidence that the centre manager and regional manager had actively liaised with the school principal to advocate to get the young person back into their school placement. The centre had also linked in with the local education and welfare officer to seek their guidance in maintaining the school placement. Other educational options were being considered should the young person not return to school.

The centre maintained good communication with teachers and course coordinators within the young people's educational placements and this was reflected in the care files. The centre supported placements when required and in one case staff remained present at a young person's placement on a daily basis to provide additional support if required. The staff interviewed identified the key people that liaised with the young people's schools/educational placements and were well informed in relation to the young people's progress and any difficulties they were experiencing. The centre manager was the key liaison person for the more complex situations to integrate young people back into school which was appropriate. Records were on file of all contacts with the educational placements and the outcome of these contacts.

Staff were supportive in managing young people to transition to new or alternate educational placements. In the period prior to the inspection, one young person expressed the wish to move to an alternate educational placement and this was facilitated by the centre and the young person's social worker. The proposed move

was considered and explored with the young person prior to the move. The centre then undertook preparatory work with the young person to assist them to secure the new placement where they had made good progress.

Inspectors were satisfied that there were comprehensive educational records on file that contained relevant educational information including NEPS assessments, school reports and certificates. Inspectors saw evidence in the daily logs that the staff actively encouraged the young person who was currently excluded from school to engage in an in-house educational routine. The centre prepared educational work for the young person to complete and when they were reluctant to engage in this formal work, staff used other opportunities based on their interests to engage them creatively in education work such as history documentaries and baking.

There were records of on-going discussions with young people to explore their future educational options and evidence that staff assisted the young people in the development of C.V.s and application forms and at the time of inspection one young person had secured a part time job. Staff had also undertaken individual pieces of work with young people to explore with them their future plans, how these goals could be achieved and encouraged the young people to have high aspirations.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 4.1 Standard 4.2 Standard 4.3
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

Actions required

- None identified

The inspectors found evidence of good leadership at all levels in the centre from a review of centre records and interviews. Inspectors found that the manager was competent, aware of their role and responsibilities and was attuned to the needs of the young people. Staff members interviewed stated that the manager was accessible, supportive and guided them in their practice. The manager reported to a regional manager who was also a strong presence in the centre providing oversight and support to the manager and staff team. There was evidence from centre audits and systems in place that there was a culture of quality, safety and learning in the service with good evidence of accountability and forward planning in management meetings.

There was a service level agreement in place and reports were provided to the funding body to demonstrate compliance with legislation and standards.

The centre manager was the person in charge with overall responsibility for the operation of the centre and was based at the centre five days a week and their oversight was reflected in centre records. The centre managers and staff interviewed were aware of their roles and responsibilities and job descriptions had been issued to staff at all levels and grades.

The centre's policies and procedures presented for inspection were last updated in 2019 and were in line with the National Standards for Children's Residential Centres, 2018 (HIQA). Staff interviewed demonstrated a good knowledge of policies and procedures under the themes inspected. There was evidence of an on-going process to review policies and procedures in team meetings and in staff supervision.

Inspectors found that the centre had a well-developed risk management framework in place. Preadmission risk assessments had been completed prior to the young people's admission and there was evidence on the care files of individual risks being identified and managed. Young people where appropriate were consulted and involved in the risk assessment process. The centre maintained a risk register and there were systems in place for the escalation of risk. The organisation had an on call system in place to support staff at all times to manage incidents and risks in the centre.

Following staff interviews and a review of centre records the inspectors were satisfied that the organisation had clear plans in place for the management of the Covid-19 virus. Senior management had put a crisis management team in place to manage the risks and to provide clear guidance around practice and maintained regular contact with the centre. Staff confirmed that they had an adequate supply of anti-bacterial products, hygiene equipment and personal protective equipment. In interviews staff were aware of the procedures in place for the reporting and management of a confirmed/suspected case of Covid-19 within the centre. Inspectors were informed that all access visits were risk assessed and Covid-19 guidance followed. This was confirmed in interview by placing social workers. Risk assessments were also aligned and updated in accordance with public health guidance.

There were alternative management arrangements in place for when the person in charge was absent. The regional manager assumed responsibility for the centre and maintained regular contact with the two social care leaders who formed part of the centre's internal management team. When the centre manager delegated tasks to other staff members a written record was maintained of tasks and decisions made. The inspectors reviewed the delegation records and noted that the delegation list was clear and comprehensive and tasks were appropriately delegated to people based on their experience and skills set.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6.2 Regulation 6.1
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 5.1 Standard 5.2 Standard 5.3 Standard 5.4
Practices met the required standard in some respects only	None identified
Practices did not meet the required standard	None identified

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	N/A		
5.2	N/A		