



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 037

Year: 2020



Inspection Report

Year:	2020
Name of Organisation:	Daffodil Care Service
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	11th & 12th August 2020
Registration Status:	Registered from the 16th September 2019 to the 16th September 2022
Inspection Team:	Joanne Cogley Lorna Wogan
Date Report Issued:	16th September 2020

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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 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 ongoing 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 September 2010. At the time of this inspection the centre was in their fourth registration and in year one of the cycle. The centre was registered without attached conditions from 16th September 2019 to 16th September 2022.

The centre's purpose and function was to accommodate four young people of either gender from age thirteen to seventeen years. 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.

1.2 Methodology

The inspectors examined the following theme and standards:

Theme	Standard
2: Effective Care and Support	2.1, 2.2, 2.3, 2.4, 2.5, 2.6

Inspectors looked 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 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 regards to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager on the 26th of August 2020 and to the relevant social work departments on the 26th of August 2020. 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 3rd of September 2020. 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: 037 without attached conditions from the 16th September 2019 to the 16th September 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5 Practices and Operational Policies

Regulation 8 Accommodation

Regulation 13 Fire Precautions

Regulation 14 Safety Precautions

Regulation 17 Records

Theme 2: Effective Care and Support

Standard 2.1 Each child's identified needs inform their placement in the residential centre.

Inspectors reviewed the centre's written policy on admissions which took into account the rights of the children, the National Standards for Children's Residential Centres, 2018 (HIQA), regulations, legislation and the centre's statement of purpose. Inspectors found evidence that prior to admission, the centre manager worked with the allocated social worker to ensure the centre was suitable to meet the needs of the young people. The centre was also provided with a range of documents to review including detailed social history reports and assessment reports. A formal pre-admission risk assessment was developed that identified the risks associated with the presentation of the young person being referred, the level of risk, and the preventative measures in place to minimise such risks. Collective impact risk assessments were completed to ensure the safety and welfare of all residents and these assessments were shared with all relevant social workers. Inspectors spoke to the social workers for three of the four young people and they confirmed they were satisfied with the pre-admission and admission process and found the centre to be cognisant of the needs of all young people within the centre when making a decision to admit a young person.

In interview centre management and staff stated that referrals are received and reviewed by the director and regional manager and forwarded to the centre manager for consideration. Inspectors found that there was sufficient pre-admission information on file to allow for the centre to adequately determine if the placement was suitable for each young person prior to admission. Inspectors reviewed the centre's register and found all admissions to be in line with the centre's statement of purpose.

Where possible, and appropriate, young people visited the centre in advance of moving in to become familiar with the day-to-day living arrangements and to meet the staff team and other young people living in the centre. The centre had two new admissions in the past six months, both of whom completed a transition plan. One young person confirmed to inspectors that they were afforded the opportunity to visit the centre with their family members in advance of moving. The social worker for one young person also commended the centre on the inclusion of the young person's family in the transition and believed this was an integral part to the sustainability of the placement. The centre had developed a young person's booklet that was provided to young people upon admission and detailed their rights and responsibilities.

Standard 2.2 Each child receives care and support based on their individual needs in order to maximise their personal development.

At the time of inspection there were four young people residing in the centre. Only two of the four young people had up-to-date care plans on file. There was evidence of efforts made by the centre to obtain the care plans for the other two young people. Inspectors spoke to the social workers in relation to the outstanding care plans which dated from March 2020 and June 2020 and a backlog within social work administration was cited as the reason for delay. Inspectors impressed the importance of ensuring that updated care plans were forwarded to the centre as a matter of priority. Where care plans were not on file the centre manager ensured that they took minutes at the care plan review meetings and these were typed up and put on file for staff members to be aware of decisions and goals to incorporate into placement planning. Inspectors saw evidence on file of young people being encouraged to attend their review meetings and where they chose not to, work was completed with them in advance to ensure their views were represented at the meeting and their voices heard. One social worker confirmed in the inspection questionnaire that they met with the young person after care plan meetings to communicate all decisions made.

Each young person had an up to date placement plan on file that was prepared by their key worker. Inspectors found these to be reflective of the care plans and the review minutes on file. Social workers interviewed confirmed that the placement plans supported the aims and objectives of the care plan. Inspectors found that goals were clearly defined along with identified supports required to meet the goals. There was also evidence of individual work records being completed with young people that focused on the goals they wished to achieve for the month ahead and this was then incorporated into the placement plan. From a review of the current placement plans

on file, inspectors did not find evidence that the families of the young people in placement had been consulted in relation to the development of the placement plans. The centre manager must evidence in practice that families are facilitated to participate in the placement planning process.

Inspectors found each of the young people had access to the appropriate specialist services they required. There was evidence that young people were facilitated to attend family therapy, and specialist mental health and supportive services. In one instance external supports were made available to the team to support and guide their work with a young person and their social worker noted an improvement in the young person's presentation since these supports were implemented.

Inspectors reviewed care files, social work questionnaires and spoke with the management and staff in the centre and with social workers and found there to be effective communication between all parties.

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

The layout and design of the residential centre was suitable to provide safe and effective care for the four young people in placement at the time of inspection. Each young person had their own bedroom and en-suite and arrangements were in place for safe and secure storage of their personal belongings. The centre was found to be adequately lit, heated and ventilated. There were communal, recreational and adequate outdoor areas that were well maintained. Young people had access to appropriate play equipment such as hurls, tennis rackets and footballs. The bathroom facilities were adequate for the current residents. The centre had recently invested in a new kitchen and new furniture throughout the house. All equipment purchased was of an appropriate standard and electrical items were quality tested and maintained in line with good practice. A review of maintenance records evidenced that internal and external managers regularly monitored the premises to ensure it was well maintained. There was evidence that maintenance issues were addressed in a timely manner. The premises were clean and well decorated. It was evident through transition planning and young person's meetings that young people had an input into the decorating of the centre.

Inspectors found there were procedures in place to manage risks related to the health and safety of staff, young people and visitors. There were general risk assessments in place for routine risks within the centre. The centre had a health and safety statement with an effective means for reporting hazards and all staff interviewed

demonstrated an awareness of same. The centre also had an allocated health and safety officer who completed monthly audits on compliance and provided feedback to the manager and staff on their findings. All staff were fully trained in an approved behaviour management technique for the safe management of young people presenting with challenging behaviour. Inspectors noted a lapse in training for four staff relating to fire safety and first aid training however due to Covid-19 this training could not occur at the required time. The manager confirmed these staff were booked on refresher training courses in September and November this year. Specific Covid-19 training in the proper use of PPE equipment was provided to staff members. The fire drill records did not evidence that any fire drills in the past year had been undertaken at night. Inspectors also found the time taken to evacuate the building was not recorded in the fire drill record. The centre manager must ensure one fire drill annually is undertaken in the dark and the drill record evidences the time taken to evacuate the premises. Staff informed the inspectors that the young people regularly decline to participate in fire drills. In such instances this should be noted on the centre risk register and a supporting risk assessment completed.

Inspectors viewed a sample of personnel files and found that the staff files reviewed maintained a copy of their full driving licence. In supervision files it was noted that management had alerted one staff member that under their policy and insurance they weren't permitted to drive the centre car until their next birthday. Car tax, insurance and NCT were found to be up to date on the centre vehicles.

Standard 2.4 The information necessary to support the provision of child-centred, safe and effective care is available for each child in the residential centre.

Inspectors reviewed care files for young people and found that staff in the centre maintained an individual care file for each child in the residential centre. All records reviewed by inspectors were found to be up to date and regularly audited by senior management. All records were held within a locked office and young people confirmed to inspectors that they could have access to them upon request. The centre had a system in place for archiving care files and centre records.

Standard 2.5 Each child experiences integrated care which is coordinated effectively within and between services.

There was evidence from staff interviews and from centre records of good interagency cooperation between the centre and social work departments to ensure the best outcomes for each young person.

There was a comprehensive discharge policy in place which allowed for continuity of care upon discharge from the centre. There had been no discharges in the twelve months prior to this inspection. The centre manager stated that end of placement reports were completed and relevant information transferred where young people were discharged from care or were moving to another placement. In one instance, where a young person was working towards reunification, there was evidence of regular transition planning meetings with identified timeframes for each stage of the reunification process. The young person and their family were actively involved in this process. There was evidence of staff working collaboratively with the social workers to ensure a smooth transition from care. In another instance a young person spent a period of time in an alternative placement and the team continued to complete visits and phone calls and communication remained with the social work department.

Inspectors found that feedback about their placement was sought from current residents and those that had left the centre. Young people were encouraged to express their views on their experience of care in the centre. This feedback was provided through exit interviews and young person house meetings. Whilst there had been no exit interviews completed in recent times, inspectors reviewed the template and found this was comprehensive and facilitated adequate feedback to the centre.

Standard 2.6 Each child is supported in the transition from childhood to adulthood.

The centre had an aftercare policy in place. Staff interviewed were familiar with the Tusla National Aftercare Policy, 2017 and had participated in centre training on aftercare planning and preparation. When young people reach age 16 years they were facilitated to complete a leaving care needs assessment form. This was a form completed within the centre and separate to the Tusla aftercare needs assessment.

At the time of inspection there were three young people approaching adulthood. Two of the three young people had an appointed aftercare worker. The requirement for

the allocation of an aftercare worker to one of the young people had been escalated to the national aftercare manager by the social worker. The social worker assured the inspectors that an aftercare worker would be allocated to the young person in the coming weeks. All young people had completed a leaving care needs assessment with their key worker within the centre and it was confirmed these had been sent to the aftercare worker to inform the aftercare plan. All aftercare plans were in development by the aftercare workers at the time of inspection and it was confirmed by social workers and key workers that the young people were actively involved in these plans. There was evidence through individual work that each young person was facilitated to think about the future and what they would like to see happen. There was evidence of on-going work around independent living skills such as budgeting, nutrition and building self confidence.

Centre management stated that the centre's policy was that young people were provided with a pack upon leaving care that included important documents such as their birth certificate, medical records and education records in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 8 Regulation 13 Regulation 14 Regulation 17
Regulation not met	None identified

Compliance with standards	
Practices met the required standard	Standard 2.1 Standard 2.2 Standard 2.4 Standard 2.5 Standard 2.6
Practices met the required standard in some respects only	Standard 2.3
Practices did not meet the required standard	None identified

Actions required

- The centre manager must evidence in practice that families are facilitated to participate in the placement planning process.
- The centre manager and health & safety officer must ensure one fire drill annually is undertaken in the dark.
- The centre manager and health & safety officer must ensure the time taken to evacuate the building during a fire drill is recorded on the fire drill record.
- The centre manager must ensure when residents decline to participate in the centre fire drill a risk assessment is completed and the risk is recorded on the centre risk register.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	<p>The centre manager must evidence in practice that families are facilitated to participate in the placement planning process.</p> <p>The centre manager and health & safety officer must ensure one fire drill annually is undertaken in the dark.</p> <p>The centre manager and health & safety officer must ensure the time taken to evacuate the building during a fire drill is recorded on the fire drill record.</p>	<p>Where applicable staff will link in parents monthly and discuss goals for the YP for the month.</p> <p>Their input will be evident in standard contact and Placement Plan meeting/ progress report.</p> <p>Fire drill will occur in the winter months in the evening time.</p> <p>A date is to be identified in the daily diary.</p> <p>This will be noted under the headings with time frames. Any outstanding information will be input.</p>	<p>SCM will ensure family involvement in placement planning is noted in placement plan meeting/ progress report each month and contacts are completed informing same. Director of Services, Quality and assurance manager and Compliance officer regularly review all inspection feedback and will communicate with all where required.</p> <p>Date to be noted yearly in the diary for completion of fire drill in the dark.</p> <p>Themed Audits to be utilised for oversight.</p> <p>To be addressed in team meeting to ensure that all staff are aware of how to complete section in full. Oversight by SCM and Fire Rep to ensure this is completed.</p> <p>Theme Audits to be utilised for oversight.</p>

	<p>The centre manager must ensure when residents decline to participate in the centre fire drill a risk assessment is completed and the risk is recorded on the centre risk register.</p>	<p>Risk assessments will be completed with YP where they refuse to participate in fire drills, along with an educational IWR.</p>	<p>IWR and Risk assessment to be completed with y/p when they do not complete a fire drill. Oversight by Fire Rep and SCM to ensure that this has been completed. Theme Audits to be utilised for oversight</p>
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