



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: 2021

Inspection Report

Year:	2021
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 Linda McGuinness
Date Report Issued:	10th of August 2021

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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 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 September 2010. At the time of this inspection the centre was in their fourth registration and in year two 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 inspector examined the following themes and standards:

Theme	Standard
2: Effective Care and Support	2.2
5: Leadership, Governance and Management	5.2
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 on the 14th July 2021 and to the relevant social work departments on the 14th July 2021. 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 21st July 2021. 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 16th September 2022 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies

Theme 2: Effective Care and Support

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. One young person had an up to date care plan. One young person had moved into the centre in the weeks prior to inspection and a care plan review meeting had occurred; however the issuing of the care plan was impacted by the recent HSE cyber-attack. The other two young people did not have up to date care plans. One young person's care plan was dated March 2019. A care plan review meeting occurred in June 2021 however there were no updated statutory minutes or care plans to support this. The other young person's care plan was dated December 2020 with a statutory review occurring in April 2021. There were no updated statutory minutes or supporting care plans on file. In both instances the centre manager had kept their own records of minutes to ensure placement planning could be kept up to date. There was evidence on file that the centre manager had made a number of attempts to secure documentation to no avail. Both young people were placed from the same social work area. The regional manager confirmed to inspectors in feedback that they had escalated the situation to the principal social worker and had since received one young person's care plan but was awaiting the final care plan.

Inspectors saw evidence on file that young people were encouraged to attend their review meetings and where they chose not to, work was completed with them to ensure their views were represented. They also received feedback following the meetings and this was confirmed by one young person inspectors met with.

Each young person had an up to date placement plan on file that was prepared by the key worker. These placement plans incorporated goals and were completed on a monthly basis. There was 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. Two young people nearing 18 had comprehensive Tusla aftercare plans on file. These formed the basis for the goals in their placement plan. Each placement plan was accompanied by a calendar that set out daily plans for the month ahead. The calendar was confusing for

inspectors as it was written in the past tense despite being the plan for the coming month. It also noted “key working” on days but did not highlight subjects or topics that were planned to be explored with the young people. The centre manager and regional manager must review the placement plan calendar to ensure its purpose is reflected in practice.

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 specialist supportive services such as therapy and counselling, CAMHS and local youth group services.

Inspectors found from a review of care files, social work questionnaires and interviews with social workers, a guardian ad litem, centre management and staff that there was effective communication between all parties.

Compliance with Regulation	
Regulation met	Regulation 5
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 2.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The centre manager and regional manager must review the placement plan calendar to ensure its purpose is reflected in practice.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The management structure within the centre comprised of a centre manager and two social care leaders. This management structure was appropriate to the size and purpose and function of the centre. The centre manager was appointed to their role in November 2019. Both social care leaders were assigned to their roles in May and September 2019. All members of management held appropriate qualifications. During the course of the inspection it was evident that leadership was demonstrated by the centre manager. This was supported through interview with staff members who stated that the centre manager was approachable and supportive. Inspectors found evidence of leadership on reviewing documents within the centre, where centre manager comments were clear, challenging of practice and supportive of staff efforts. During periods of annual leave the centre manager left a clear delegation record to those covering in their absence with evident follow up upon return.

There were clearly defined governance structures within the centre. All staff interviewed were aware of all management levels within the organisation and were clear on their respective roles and responsibilities. Staff members were of the opinion that senior management were available to them and they felt comfortable should they need to approach them. All staff members interviewed confirmed they had received job descriptions and contracts.

There was a system in place whereby fortnightly service governance reports (FSGR) were completed by the centre manager and sent to the regional manager for review. There was evidence of some correspondence between the centre manager and regional manager about issues arising. While there was a section at the end of the report for commentary by the regional manager there was no evidence of a verification process or evidence of tracking issues from report to report.

Themed audits in line with the National Standards for Children's Residential Centres 2018 were undertaken by the centre manager with the support of social care leaders.

These had recently been introduced with a review of themes 2 and 4. Inspectors reviewed these and found them to be a self-audit checklist and report. Inspectors found no mechanism for validation of information presented by the regional manager. The regional manager informed inspectors that they spoke with staff and young people as part of their role in the auditing process. A set auditing schedule for 2021 was provided to inspectors and despite some delay due to Covid 19 it was envisaged that they could cover all themes by the year end. Inspectors note that this related to the internal self-auditing process and did not include audits by the regional manager or the quality assurance manager.

The regional manager provided a number of quality checks on aspects of operations in the centre which they, or the quality assurance manager, had completed. These included a review of placement planning, supervision, complaints and child protection, health and safety and fire safety and car checks. The reports and action plans were not aligned with the National Standards. While these were comprehensive checks with appropriate follow up to assess that actions were implemented, inspectors found it difficult to determine how senior managers were assessing compliance with all aspects of the National Standards. Inspectors found that the process and format did not facilitate on-going review of compliance with key standards such as child protection or issues of risk. The registered provider must ensure there are arrangements in place by personnel external to the centre to assess the safety and quality of care being provided against the National Standards for Children's Residential Centres, 2018 (HIQA).

The centre's policies and procedures were updated in line with the National Standards for Children's Residential Centres, 2018 (HIQA). Inspectors saw evidence of policies being discussed as part of a standing agenda in team meetings some of which included the child protection policies, model of care, protected disclosures policy, admission and discharge policy. The centre had procedures in place for designated people to contact in case of an emergency and operated an effective on call system. The regional manager confirmed there were appropriate service level agreements in place and that annual reports were provided to the funding body.

The centre had a risk management framework in place for the identification assessment and management of risk. The centre maintained two risk registers. One register focused on centre specific risks. This had three recorded risks for 2021, all of which were health and safety related. This register did not include risks identified through the inspection process such as staff turnover and staff members not being trained in a recognised model of behaviour management. This area is detailed

further in this report. The second register was a young person specific register. Inspectors reviewed risk assessments carried out for young people in 2021. While there were areas identified such as family access and developing family relationships, these risks were assessed in the context of Covid-19 and all management strategies focused on the provision of PPE and adequate hand washing. Inspectors reviewed young people’s care files and significant event notifications and found a number of risks evident that related to behaviours or life circumstances that required risk assessment and found a number of risks evident. These identified risks had not been assessed and there were no management strategies in place for same. The centre manager and regional manager must ensure the risk management policy is adhered to and that all risk is assessed taking into account the impact on young people, their mental health and their behaviours and not solely in the context of Covid-19 and infection control.

Inspectors spoke with the centre manager and staff in relation to the on-going Covid-19 pandemic and found evidence of a number of measures that were put in place by the organisation in response to the crisis. These measures were evident when inspectors visited the centre and the visitor protocol was followed by the service. Staff members confirmed they had full access to personal protective equipment, cleaning materials and sanitizer as required.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
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 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure there are arrangements in place by personnel external to the centre to assess the safety and quality of care being provided against the National Standards for Children’s Residential Centres.

- The centre manager and regional manager must ensure the risk management policy is adhered to and that all risk is assessed taking into account the impact on young people, their mental health and their behaviours and not solely in the context of Covid-19 and infection control.

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.

The centre staff team comprised of a centre manager and two social care leaders together with six social care workers. All staff members were appropriately qualified. The centre utilised three relief social care workers, two of which were appropriately qualified. The third did not hold a relevant qualification however the company had undertaken to support their return to education. Inspectors reviewed centre rosters for a six month period and found there to be sixteen consistent names across the rotas. Forty-eight hour shifts were noted during high cases of Covid-19 to reduce footfall passing through the centre. With four young people residing in the centre they were required to have three staff members rostered daily. These shifts were a combination of two overnight shifts and one day shift. Inspectors noted there were three days in March where there was no day shift covered within the centre. During this time there were two staff on sleepover shifts and the centre manager was present during the day.

Seven staff members (87%) had left the centre since the last inspection in July 2020. Exit interviews were completed by the organisation's human resources department. Inspectors reviewed two exit interviews that were made available to them, staff members identified they felt supported in their role and were leaving to pursue employment options closer to home and in other sectors. Inspectors saw evidence of attempts to carry out exit interviews with other employees who have left but did not engage in the process. From a review of management meetings, there was a standing agenda which included any staffing needs. Two new recruits were returning staff members who left the organisation in 2019 and brought back a balance of experience. Inspectors spoke with social workers for young people who were of the opinion that the staff turnover had impacted on the young people. Inspectors saw evidence in paperwork that one young person had made two complaints in relation to staffing.

These were not identified as complaints nor recorded or responded to as same. Inspectors spoke with one young person who stated that they had put up barriers in the past year to prevent building relationships with staff as they were concerned they would leave. This young person spoke about a staff member they had a positive relationship with who was moved to another centre within the organisation for a period of time. When this was explored with the centre manager it was explained this staff member was a relief member of the team and due to the delay of the opening of a new centre, staff contracted to that centre had to be given priority in fulfilling their contracted hours. It was confirmed this was a business decision and inspectors did not see evidence of a risk assessment to manage the impact this would have on the young person. The young person's social worker also confirmed that this was a difficult period for the young person. The regional manager must ensure a stable and consistent staff team is maintained within the centre.

The organisation had a procedure for on call arrangements in the evenings and weekends. This included centre managers and social care leaders rotating on call. Inspectors also saw evidence of supports being implemented for those on call and review through management meetings as to the effectiveness of the process.

The organisation had arrangements in place to promote staff retention through the provision of a health insurance scheme, pension scheme and team building days. Despite these initiatives turnover was noted to be high within the centre and the organisation should review this and explore alternative arrangements to promote staff retention.

Compliance with Regulation

Regulation met	Regulation 6 Regulation 7
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 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required

- The registered provider must ensure a stable and consistent staff team is maintained within the centre and explore alternative arrangements to promote staff retention.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	The centre manager and regional manager must review the placement plan calendar to ensure its purpose is reflected in practice.	The placement planning calendar reflects both planned and completed work. The final report will clearly reflect this. More information to be included on the work/activity completed on each day i.e. naming the key work program being utilised. Placement planning training to be completed during the next Team meeting/ individual supervisions to refresh knowledge and develop and grow skills among the staff team. Completed by August 15th 2021	Increased oversight by centre management team during Placement plan meeting where final placement plan calendar is reviewed. Regional Manager to ensure that the placement plan calendar's purpose is reflected in monthly review, when placement plans are forwarded.
5	The registered provider must ensure there are arrangements in place by personnel external to the centre to assess the safety and quality of care being provided against the National Standards for Children's Residential Centres.	Senior Management will review the audits in line with the National Standards for Children's Residential Centre's to ensure they are fully reflective. Senior Management will continue auditing processes and areas such as SEN's, practice, supervision which relate to various aspects of the National standards	Scheduled audits will be completed as per schedule and reflective of Covid 19 implications. Senior management will continue with current auditing processes.

	<p>The centre manager and regional manager must ensure the risk management policy is adhered to and that all risk is assessed taking into account the impact on young people, their mental health and their behaviours and not solely in the context of Covid-19 and infection control.</p>	<p>for Children’s residential centres, to ensure comprehensive oversight is maintained. In addition, feedback from the Regional Manager will continue to be communicated to the centre on the quality of care, both documented and observed, through the centre’s governance report. The quality policy has been updated to reflect this.</p> <p>The Risk management policy will be reviewed in the next team meeting and in individual supervisions. Particular attention to be given to comprehensive risk assessment and management in addition to infection control matters. Completed by 15th August 2021. Discussion during Handover, Management meetings, team meetings and individual supervisions to ensure that risks are being identified, recorded, and responded to appropriately.</p>	<p>Management team to oversee the review of the risk management policy and ensure it is being discussed regularly. This will be noted in team meeting minutes and communicated to Regional Manager, Compliance Officer, and other members of the senior management team.</p> <p>The relevant audit will be reviewed to ensure that risks are inclusive of young people’s mental health and behaviours</p>
6	<p>The registered provider must ensure a stable and consistent staff team is</p>	<p>Team building will be explored with the centres Management team, to identify</p>	<p>RM will ensure that team building can be approved in a safe and proactive manner.</p>

	<p>maintained within the centre and explore alternative arrangements to promote staff retention.</p>	<p>appropriate team building options, for the team to engage in.</p> <p>SCM will continue to communicate any concerns regarding team dynamics to the Regional Manager/ senior Management team.</p> <p>The risk register will also continue to be utilised to escalate staffing issues arising.</p>	<p>Facilitations will be provided by RM if required to assist with the management of dynamics issues, should they arise.</p> <p>Staff retention is a key focus for the provider and has recently appointed a Marketing Manager to assist with identifying and supporting staff retention efforts. Measures such as maternity benefit, financial support for professional development, newly developed career postings, and a renewed emphasis on staff's well-being are in train.</p>
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