



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 095

Year: 2020

Inspection Report

Year:	2020
Name of Organisation:	Daffodil Care Service
Registered Capacity:	Four young people
Type of Inspection:	Announced
Date of inspection:	29th & 30th September 2020
Registration Status:	Registered from 30th December 2020 to 30th December 2023
Inspection Team:	Joanne Cogley Paschal McMahon
Date Report Issued:	6th November 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 2008. At the time of this inspection the centre was in their fourth registration and in year three of the cycle. The centre was registered without attached conditions from 30th December 2017 to 30th December 2020.

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. There were three young people in residence at the time of inspection.

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 14th October 2020 and to the relevant social work departments on the 14th October 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 28th October 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: 095 without attached conditions from the 30th December 2020 to the 30th December 2023 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 workers to ensure the centre was suitable to meet the needs of the young people. The centre was also provided with a range of referral information 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 worker for one young person in placement 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 resident young people.

In interview centre management and staff stated that referrals are received from the national private placement team, 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. One young person confirmed to inspectors that they were afforded the opportunity to visit the centre in advance of moving in. Inspectors saw evidence on all three young people's care files that transition plans were developed and completed as part of the admission process. The centre had developed a young person's booklet that was provided on 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 three young people residing in the centre, all of whom had an up to date care plan on file. One young person did not have an allocated social worker at the time of inspection and there was evidence of the centre requesting regular updates in relation to same. 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.

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. One social worker 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. Inspectors found evidence that families of young people were consulted on placement planning where appropriate. Inspectors spoke with one young person's parent who was satisfied with the placement and communication to them was to a high standard. Inspectors found evidence on some staff files that they had completed placement planning training and this included how to work therapeutically with the young person, identifying needs and linking placement plan documentation to practice. Inspectors found all young people had adequate access to specialist support where required.

Inspectors reviewed care files and spoke with the management and staff in the centre and with one social worker 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 young people in placement at the time of inspection. Each young person had their own bedroom with access to a bathroom 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. Young people had access to appropriate play equipment. The bathroom facilities were adequate for the current residents. All equipment purchased appeared to be of an appropriate standard. The social worker interviewed confirmed they were satisfied with the facilities and the presentation of the centre when they visited and stated they always had somewhere private to meet with their allocated young person.

A review of maintenance records evidenced that 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, and although the premises was an older building there was evidence that work had been done to upgrade it since the last inspection. 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 the centre had a number of 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 members interviewed demonstrated an awareness of this. Staff in the centre were provided with appropriate training in behaviour management. Inspectors found from a review of eight personnel files that in seven cases, staff members behaviour management training had expired. The manager informed inspectors that the seven staff members were scheduled to receive refresher training two days after the inspection. Post inspection the manager confirmed to inspectors that these staff members had completed the training. It was noted the expiration of this training occurred during the six month Covid period. Inspectors also noted a lapse in training for 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 staff were booked on refresher training courses in November 2020.

The inspectors examined the centre's response to managing the on-going risks posed by the Covid 19 pandemic and found evidence of a number of measures put in place by the organisation. Specific Covid-19 training in the proper use of PPE equipment was provided to staff members. The organisation had implemented a crisis management team to update and review risk assessments on a regular basis relating specifically to Covid-19. The organisation had a process in place around the management of visitors to the centre during this time.

Inspectors found that fire drills were completed on a quarterly basis and where young people refused to engage individual work was completed with them in relation to this. There was evidence of a fire drill completed under darkness in the past twelve months and a young person in placement confirmed to inspectors they were expected to take part in regular fire drills and were aware of the procedure. Inspectors noted that the fire assembly point was a distance of approximately 60 meters from the house. The sign was faded and inspectors recommend this is replaced. There was no lighting around the sign. The centre manager and regional manager confirmed that all staff members had access to torches in the unit bedrooms should they be required. While staff in interview were aware of this procedure, they were unclear of how to respond in the event of a fire occurring during darkness in a situation where they were unable to access the torches in the bedrooms. There were also no checks in place in relation to ensuring the maintenance of the torches. The regional manager confirmed post inspection that the organisation was developing this procedure and will incorporate it into their policies and implement the appropriate checks. The regional manager confirmed that the above would be completed and implemented by the 12th October 2020.

Inspectors viewed a sample of personnel files and found that the staff files reviewed maintained a copy of their full driving licence. 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 young person in the residential centre. All records reviewed by inspectors were found to be up to date containing information as specified in the regulations and were 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, social work interviews and from centre records of good interagency cooperation between the centre and social work departments to ensure effective planning and positive outcomes for each young person.

There was a comprehensive discharge policy in place which allowed for continuity of care upon discharge from the centre. All staff members interviewed were familiar with this policy and the procedures for both planned and unplanned discharges. 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.

The centre also had a mechanism for seeking feedback from young people on their experience of care in 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 one young person was preparing to transfer to a semi independent living arrangement. This young person had an allocated aftercare worker and there was evidence of regular meetings between them and the young person. At the time of the inspection the aftercare plan was still being finalised however there was evidence through placement planning and care planning that the young person was actively involved in the development of this plan.

There was evidence through individual work that young people were consulted to gain their input on their future care plans. There was evidence of on-going work

around independent living skills such as budgeting, nutrition and building self confidence.

Regional management stated that the organisation was currently developing a policy that young people would be 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) and this was due for implementation across the organisation within the next month.

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

- Centre management must ensure that the fire assembly point sign is replaced.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
2	Centre management must ensure that the fire assembly point sign is replaced.	Centre manager has ordered a new sign and it is due to be installed on 29.10.20.	Centre manager to ensure that new fire assembly sign remains in good condition and is replaced when required.