



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 128

Year: 2019

Inspection Report

Year:	2019
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Date of Inspection:	6th and 7th of November 2019
Type of Inspection:	Announced
Registration Status:	Without attached conditions from 25th August 2017 to the 25th August 2020
Inspection Team:	Joanne Cogley Anne McEvoy
Date Report Issued:	27th January 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 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 its first registration on the 25th August 2017. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from 25th August 2017 to the 25th August 2020.

The centre was registered to accommodate four young people of both genders from age thirteen to seventeen on admission. The centre's model of care was based on a systemic therapeutic engagement model (STEM) and provides 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 living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
3: Safe Care and Support	3.1, 3.2, 3.3
5: Leadership, Governance and Management	5.1, 5.2, 5.3, 5.4

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 worked 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 23rd December 2019 and to the relevant social work departments on the 23rd December 2019. 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 13th January 2020. This was deemed to be satisfactory.

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: 128 without attached conditions from the 25th August 2017 to the 25th August 2020 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 16

Theme 3: Safe Care and Support

Standard 3.1

Inspectors reviewed the child protection policies in place and found these to be compliant with Children First: National Guidance for the Protection and Welfare of Children, 2017. The centre also had a child safeguarding statement that was supported by a letter of compliance to say that this had been reviewed and approved by the Tusla Child Safeguarding Statement Compliance Unit. The centre had recently been awarded the ISPCC blue shield flag for anti bullying and it appeared to have been embedded in the culture of the centre. The centre also had an anti bullying policy to support this. Inspectors found that the regional manager had appropriate mechanisms for governance and oversight of child protection and safeguarding. The regional manager was present in house on a weekly basis and would speak with staff members in relation to their role as a mandated person. Themed audits were also part of protocol with one scheduled for the upcoming January however inspectors did note there had been none completed to date on this area. Child protection and safeguarding was also a standing item on management meeting agendas and the centre manager had to report in to the regional manager on a weekly basis through a weekly governance report. This also included child protection concerns and reviews of safeguarding practice.

Staff had received appropriate education and training regarding recognising and responding to allegations of abuse both at induction and on an on-going basis. Staff training records evidenced that each staff member had completed training in the centres policies on child protection and also the Tusla E-Learning module: Introduction to Children First, 2017. During interview, inspectors found one staff member was unclear on the investigation process for child protection concerns. This was also the case in two questionnaires that were reviewed. The centre manager must ensure this process is refreshed with the team during a team meeting. From a review of submitted child protection and welfare concerns, it was evident that these were supported by corresponding risk assessments and individual work was completed with the young person where appropriate. Arrangements were in place to inform parents of allegations of abuse where appropriate. The centre manager did not keep

a separate child protection register and this is something which must be implemented.

There was a policy on safeguarding that was understood by staff. Placement plans and care plans for the young people had taken into account their individual areas of vulnerability and the need to keep them safe. Inspectors found that there were age appropriate programmes in place to support young people in the development of self-care and protection skills.

The centre had created pre-admission risk assessments for all three current young people to identify and address areas of vulnerability for young people and also had risk management plans where necessary. The inspectors met with two of the three young people in placement and they stated they felt safe and cared for within the service.

The centre had a protected disclosures policy for staff members, however from interviews with staff members they did not appear aware of this policy. When this was further discussed in interview, staff were aware of who they could approach within the organisation should the need arise. The centre manager must refresh the protected disclosure policy with staff members.

Standard 3.2

Staff had been trained in a recognised model of behaviour management and there was evidence of regular refresher training being completed. There was a policy in place that provided details to the staff team on the nature of and approaches to behaviour management in the centre. During interviews with staff, inspectors found that they understood the approaches to behaviour management and were able to implement this on a day-to-day basis. Sanctions were evident and there was clear link to behaviours. The centre supported natural consequences. Young people were also aware of the expectations for behaviour and there was evidence that key working had been undertaken with them on the issue.

Each young person had an individual crisis management plan and daily working guidelines. There was evidence that these were regularly reviewed in conjunction with the allocated social worker. The plans were individualised and reflected the behavioural challenges of the young person and centre manager comments demonstrated an awareness of the impact of behaviours on the young people. There was evidence of life space interviews occurring together with individual work being

carried out with young people specific to any arising behavioural issues. Social workers for young people had provided sufficient pre-admission referral information to the centre.

Inspectors found from staff interviews that there was an awareness of mental health issues and bullying. Evidence of key working had been completed with young people in relation to this and the centre had recently been awarded the ISPCC Blue Shield.

There was a governance system in place that included regular auditing however inspectors did not find evidence of regular auditing and monitoring of the centres approach to managing behaviours that challenge, with no evidence of this occurring in 2019 to date. While there was evidence of regular review through significant event review groups, team meetings and management meetings there wasn't an audit format evident to inspectors. The regional manager with designated responsibility from the registered provider must ensure an audit tool is developed to regularly audit and monitor the centres approach to managing behaviours that challenge.

The centre did not have a policy on restrictive procedures however there was one in development at the time of inspection but was yet to be rolled out to the service. The regional manager must ensure this is rolled out in a timely manner. The centre, at the time of inspection, was not using any form of restrictive procedures.

Standard 3.3

Inspectors found that young people's meetings were held regularly in the centre and each resident had an allocated key worker. Both of these aspects of care provided young people with the opportunity to provide feedback on the day-to-day operations of the centre and the care that the young people were receiving.

Parents and social worker feedback was evident through care plan reviews however the regional manager must ensure that the centre has its own mechanisms in place for parents and social workers to provide feedback directly to them for learning and improvement purposes.

The centre had a policy on the notification, management and review of incidents and it was noted all incidents were being reported in a prompt manner to the appropriate people.

The centre was part of an organisational significant event notification (SEN) review group on a monthly basis. Inspectors reviewed a sample of these minutes and found them to provide learning and analysis on incidents that had previously occurred. There was evidence of trends being identified and training being provided in relation to trends if required eg: self harm training. The review also focused on the application of the centres model of care and approaches that did / did not work.

Compliance with Regulation	
Regulation met	Regulation 16

Compliance with standards	
Practices met the required standard	None identified
Practices met the required standard in some respects only	Standard 3.1 Standard 3.2 Standard 3.3
Practices did not meet the required standard	None identified

Actions required

- The centre manager must ensure that staff members are aware of and familiar with the investigation process of child protection and welfare concerns.
- The centre manager must ensure all staff are aware of and familiar with the organisations protected disclosure policy.
- The centre manager must ensure a child protection register is implemented.
- The regional manager must ensure an audit tool is developed to regularly audit and monitor the centres approach to managing behaviours that challenge.
- The regional manager must ensure a policy for restrictive practise is developed for the service and adhered to.
- The regional manager must ensure that the centre has its own mechanisms in place to provide feedback directly from parents and social workers for learning and improvement purposes.

Regulations 5 and 6 (1 and 2)

Theme 5: Leadership, Governance and Management

Standard 5.1

The centre had a full suite of policies in place in line with national standards and regulations. From interview with the regional manager there have been no noted incidents whereby the centre had operated outside of policy or legislation. All policies had been reviewed by the quality assurance manager and updated in May 2019. The centres safeguarding statement had been updated in October 2019 to take into account profile changes within the centre. The process for reviewing policies was completed by the organisations quality assurance manager, these were generally completed on a three year cycle. Should there be an identified need the centre manager highlighted they would bring this to the attention of senior management for review and policy development. All new policies were then discussed at team meetings.

Through interview with the regional manager, centre manager and staff members, all demonstrated an understanding of legislation, regulations, policies and standards for the care and welfare of children. There was evidence of this being reflected in their practice through observations of working on the floor and also through review of care file records.

Standard 5.2

During the course of inspection it was clearly evident that leadership was demonstrated by the centre manager. The centre manager was appropriately qualified and vetted also. Staff members were also aware of the other leaders within the organisation and were clear on roles. The centre promoted a culture of learning. There was a clear organisational structure which set out the governance structure together with lines of authority. All staff members had received job descriptions and were clear on their roles and responsibilities. The centre's internal management structure consisted of one centre manager together with two social care leaders, however, one post was vacant at the time of inspection. A social care leader had been identified to take up the post and was due to start at the end of November. It was confirmed that when the centre manager takes annual leave, the period of leave was covered by a social care leader with onsite support and presence provided by the regional manager. The centre manager confirmed that at times some of their duties

were delegated to both social care leaders and staff members. This was recorded through supervision records, communication book, management meetings and handover documents.

The regional manager confirmed there were appropriate service level agreements in place and that a bi annual report was provided to their funding body.

The centre's policies had all been updated in May 2019 in line with the National Standards for Children's Residential Centres, 2018 (HIQA). The centre had a policy on risk management which was being adhered to within the centre. This focused on the 'NAME' risk assessment tool in order to identify, assess and manage risk and was implemented through a written risk assessment where required. The centre also had procedures in place for designated people to contact in case of an emergency and operated an effective on call system.

Standard 5.3

The centre had a statement of purpose which clearly described the model of care together with the aims and objectives of the centre, the range of services available and the arrangements for the wellbeing and safety of children within the centre. The statement of purpose did not outline the management and staff employed in the centre and this should be reviewed to reflect same.

The statement of purpose reflected the day to day operation of the centre. Inspectors found that it was clearly understood by staff members. It was detailed in young people's booklets and parent's booklets. It also outlined the centre's model of care and staff members demonstrated a clear understanding of this through interviews.

The statement of purpose was reviewed annually by the organisations quality assurance manager.

Standard 5.4

The centre had a clear format for recording and monitoring complaints which was supported by a complaints policy. There had been five complaints and 31 informal complaints for 2019. All complaints had been reviewed through team meetings and on occasion revisited through individual work with the young people. Complaints were also analysed and reviewed through the centre managers supervision and weekly governance reports.

The regional manager and quality assurance manager undertook regular audits within the centre, which was supported by a quality policy. From review this policy did not specify the frequency of audits and should be reviewed to include this. Five themed audits had been completed for 2019. These included 'key and safe audit', 'admission file, register and meeting minutes', 'car folder, fire register and health & safety', 'education, medical and contacts', 'personnel and supervision files'. From a review of these documents audits appeared to be of a quantitative nature as opposed to qualitative. There was no evidence of analysis on the appropriateness of placement planning, care planning, aftercare preparation, managing behaviour analysis or complaints analysis. All care files contained a monitoring sheet on the front cover which was signed when reviewed by either the regional manager or the quality assurance manager. Inspectors noted gaps of six to ten months on these. The regional manager could not provide rationale for this due to only taking up post in May of this year. Audits must be reviewed to include a qualitative analysis of care being provided to young people in line with the National Standards for Children's Residential Centres, 2018 (HIQA).

The registered provider is working towards meeting the new National Standards for Children's Residential Centres, 2018 (HIQA) by hiring a compliance officer who will ensure an annual review of compliance is undertaken within the centre.

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

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

Actions required

- The centre manager must ensure the statement of purpose is reviewed to reflect the management and staff employed in the centre.

- The regional manager and quality assurance manager must review the current auditing procedure to include the frequency of auditing along with a qualitative analysis of care being provided to young people in line with the National Standards for Children’s Residential Centres, 2018 (HIQA).

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
3	The centre manager must ensure that staff members are aware of and familiar with the investigation process of child protection and welfare concerns.	The Centre Manager has completed a Child Protection policy review, Children's first legislation review, standard operating procedure (SOP) & child protection and safe guarding procedures review within team meetings and within individual supervisions: 11.12.19 & 17.12.19, to ensure staff members are aware of and familiar with the investigation process of child protection and welfare concerns.	<p>The centre manager will ensure further child protection policy & procedure reviews will be completed, led by two staff members in upcoming team meetings. The meetings will occur on the following dates: 08/01/20 & 22/01/20.</p> <p>A Complaint and CPN audit by the Quality Assurance department is scheduled to occur on 24th January 2020, led by our Quality Assurance Manager and conducted by an additional Regional Manager to provide greater context on the outcomes noted. This qualitative audit will include interviewing staff on their understanding of the CPN and complaints process.</p> <p>The Child Protection Training course will be reviewed to ensure that there is a focus on the investigation process of child</p>

	<p>The centre manager must ensure all staff are aware of and familiar with the organisations protected disclosure policy.</p> <p>The centre manager must ensure a child protection register is implemented.</p>	<p>The protected disclosures policy has been prioritised by the Centre Manager with a policy review occurring in January 2020.</p> <p>The centre records all Child Protection Notifications as in accordance with the National Standard for Children’s Residential Centre's, 2018 & National Guidance of the Protection and Welfare of Children (2011) and have an effective recording system in place. CPN’s are clearly recorded & marked within the centre’s Significant Event Register. Centre Management also hold a separate file solely for all Child Protection Notifications including the CPN report, all communication held regarding CPN, follow up actions and any further</p>	<p>protection and welfare concerns. This will be completed on 10.01.20.</p> <p>The Centre Manager will review the Protected Disclosure policy with the team in their meetings on 08/01/2020 and 22/01/2020. Review of this specific policy is also part of the Induction Process for all new staff.</p>
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	<p>The regional manager must ensure an audit tool is developed to regularly audit and monitor the centres approach to managing behaviours that challenge.</p>	<p>outcomes documented are all stored within this file.</p> <p>There are a number of mechanisms in place which evidence the auditing and monitoring of challenging behaviours, which occur on a regular basis. These reports / documents include; Monthly Significant Event Review Groups and minutes of these meetings. Senior Management review all Significant Event Notifications and comment on same via email, sign in sheets provide evidence of oversight and monitoring to SEN Folder, Practice Folder and Register, this occurred on the following dates 12.09.19, 07.10.19, 24.10.19, 25.10.19. Weekly Governance and Service Report includes commentary from the Regional Manager, in relation to behaviour management, risk escalation with respect to young person's placement planning and crisis behaviour. In addition, our TCI trainers routinely review our young person's ICMP's to provide</p>	<p>The Regional Manager will continue to audit and monitor the centres approach to managing behaviours that challenge.</p>
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	<p>The regional manager must ensure a policy for restrictive practise is developed for the service and adhered to.</p>	<p>additional oversight and support regarding our planned management of crisis behaviour, feedback is received from the centre manager and communicated to the team through case management meetings and team meetings. Furthermore, young people’s placement plans, which include details of individual behaviour management techniques, have been audited by a member of Senior Management, whom will provide written feedback in relation to the centres approach to managing behaviours that challenge. This will be shared and discussed within team meetings and individual’s supervisions. This feedback is due to be circulated in January 2020.</p> <p>A Restrictive Practice Policy was implemented on the 10/12/19, this policy will be reviewed within a Regional management meeting on 29.1.2020, Management and Team meetings held on 8.1.2020 and 22.01.2020, along with policy discussion and review noted in staff</p>	<p>Restrictive Practice Policy was implemented on the 10/12/19.</p>
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	<p>The regional manager must ensure that the centre has its own mechanisms in place to provide feedback directly from parents and social workers for learning and improvement purposes.</p>	<p>member's individual supervisions from January 2020.</p> <p>Daffodil Care have a number of mechanisms currently in place to encourage feedback from Parents and Social Work Departments, such as: Each young person entering our service receives' s young person's handbook detailing general features of their placement, placement planning, grievance procedures and contact details for external support organisations. In addition social work depts and parents are offered our complaint leaflet and parents leaflet, which contain senior management contact details and process on providing feedback, complaints and grievances. Each young person's department receive a copy of reviewed practice documents on a monthly basis, these include ICMP, IAMP and Practice guidelines. This process encourages external review and feedback for the team. In addition a monthly progress report giving a detailed account of the centre's placement planning for each</p>	<p>The Regional Manager will continue to ensure that all feedback from external parties is shared with the team for learning and improvement purposes.</p>
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		<p>young person is also circulated with allocated social worker for review and feedback. Significant Event reports and Risk assessments are forwarded to Social Workers, for review, approval and feedback as and when they occur and are required. Where the centre receive feedback from any external professional this information is shared and documented within the centre's team and management meeting's and where appropriate SERG and regional meetings also. The centre always strives towards a collaborative approach with all professionals and family with regards to the care planning for the young person's resident. Examples of this working relationship are evidenced in our contact forms, strategy meetings and placement protection meetings.</p>	
5	<p>The centre manager must ensure the statement of purpose is reviewed to reflect the management and staff employed in the centre.</p>	<p>Daffodil Care will review the statement of purpose and ensure the required information is clearly recorded. Completed 09.01.20</p>	<p>The statement of purpose has been reviewed to reflect the management and staff employed in the centre and updated accordingly. The Statement is reviewed periodically and</p>

	<p>The regional manager and quality assurance manager must review the current auditing procedure to include the frequency of auditing along with a qualitative analysis of care being provided to young people in line with the National Standards for Children's Residential Centres, 2018 (HIQA).</p>	<p>The senior management team have reviewed auditing systems with a view to develop and improve comprehensive qualitative auditing. This will include regular staff interviews conducted by senior management, interviews with young people, in addition to recording of the young person's voice, views and opinions to better inform care practice.</p> <p>Due for implementation on 24.01.20</p>	<p>prompted by planned audits</p> <p>The revised auditing procedures provide a more comprehensive quantitative and qualitative review of practice and include the senior management team in addition to the quality assurance manager. This revised system will be under constant review at Senior Management meetings throughout 2020.</p>
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