



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: 2020**

## Inspection Report

<b>Year:</b>	<b>2020</b>
<b>Name of Organisation:</b>	<b>Daffodil Care Services</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Date of Inspection:</b>	<b>01<sup>st</sup> and 02<sup>nd</sup> of July 2020</b>
<b>Type of Inspection:</b>	<b>Announced Themed</b>
<b>Registration Status:</b>	<b>Without attached conditions from 25<sup>th</sup> August 2020 to the 25<sup>th</sup> August 2023</b>
<b>Inspection Team:</b>	<b>Paschal McMahon Joanne Cogley</b>
<b>Date Report Issued:</b>	<b>21<sup>st</sup> August 2020</b>

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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 25<sup>th</sup> August 2017. At the time of this inspection the centre was in its first registration and was in year three of the cycle. The centre was registered without attached conditions from 25<sup>th</sup> August 2017 to the 25<sup>th</sup> 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 four 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
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 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. Due to the emergence of Covid-19 this review inspection was carried out remotely. This inspection was carried out through a review of documentation and a number of telephone interviews.

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 and to the relevant social work departments on the 17<sup>th</sup> July 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 27<sup>th</sup> July 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: 128 without attached conditions from the 25<sup>th</sup> August 2017 to 25<sup>th</sup> August 2020 pursuant to Part VIII, 1991 Child Care Act.



### 3. Inspection Findings

**Regulation 5: Care practices and operational policies**

**Regulation 6 (1) and (2): Person in charge**

**Theme 5: Leadership, Governance and Management**

#### **Standard 5.1**

The inspectors were satisfied that the centre was operating in compliance with all regulations and national standards relating to children’s residential care. Senior management had a policy of reviewing policies on a two-year cycle or sooner if required. The inspectors reviewed the centres policies and procedures and found that they had been last reviewed and updated in May 2019. There were systems in place to identify gaps in compliance through various auditing systems and a number of new policies had been developed in line with The National Standards for Children’s Residential Centres, 2018 (HIQA).

Staff in interview demonstrated a good understanding of centre policies and procedures and national standards. Staff gave examples of recent policies which had been developed and reviewed which included on call, complaints, and an information, communication and technology policy. Inspectors found evidence in records that policies and procedures were discussed at team meetings and with staff in supervision.

#### **Standard 5.2**

Inspectors found that there was a clear management structure in place both within the centre and externally at senior management level within the organisation which provided clear lines of authority and accountability. Each person had a job description and was clear in respect of their roles and responsibilities. At the time of inspection, the manager who had been in post for a three-year period since the centre opened had moved on from their post and the organisation were in the process of recruiting a new manager. In the interim the regional manager had assumed responsibility for the centre with the support of the centre’s two social leaders. From a review of records and interviews with staff and placing social workers there was evidence of strong and confident leadership in the centre with a strong emphasis on quality and safety in care practice. There was a culture of learning which was evident across a range of records including team meetings and supervision records which

were of a high standard. Staff expressed confidence in the centre management and confirmed that external managers were accessible to them.

The centre had a service level agreement in place with the national private placement team and they provided annual reports to the funding body.

There was a system in place for regular review and updates of policies and procedures and staff members contributed to this process. There was also evidence that management were creative in encouraging and assessing staff knowledge of centre policies and the national standards by holding quizzes at staff meetings.

The centre had a risk assessment and management policy and supporting structures in place for the identification, assessment and management of risk which included a young person's register, centre risk register and an organisational risk register. Preadmission risk assessments had been carried out prior to the young people's admission and there was evidence of individual risks being assessed and reviewed on an on-going basis. The organisation had an on call system in place to support staff at all times in managing incidents and risks in the centre.

There was good evidence from interviews and a review of centre records that the organisation had clear plans in place for the management of the Covid 19 virus. Senior management had put a crisis management team in place to manage the risks and to provide clear guidance around practice and maintained daily contact with the centre. Inspectors were informed that the centre had adequate supplies of anti-bacterial products, hygiene equipment, and personal protective equipment and a cleaning schedule was implemented. Updated plans were in place to manage visitors coming to the centre and visitors to the centre were contacted prior to visiting to ensure they were not displaying symptoms of Covid 19. Where possible visits took place outside the centre and staff handovers, team meetings, child in care reviews etc. took place remotely.

Efforts were made to ensure that where possible young people's access arrangements were maintained in line with their care plans and all access arrangements were agreed with the relevant social work departments. Inspectors were informed that all access visits were risk assessed and Covid 19 guidance followed. This was confirmed in interview by placing social workers.

The organisation had plans in place for staff to report and manage a confirmed /suspected case of COVID-19 within the centre and staff in interview were aware of

these plans. The regional manager informed inspectors that the organisation had contingency plans in the event of a significant shortfall of staff attending work due to required self-isolation or an outbreak of the COVID-19 virus. The centre had an adequate relief panel and access to agency staff if required. Risk assessments were also aligned and updated in accordance with guidance from National Public Health Emergency Team (NPHE) and the government.

There was an internal management structure appropriate to the size and purpose of the centre. Two appropriately qualified staff members were identified as part of the internal management team and there were arrangements in place to provide adequate managerial cover when the manager took periods of leave. When the centre manager delegated tasks to other staff members a written record was maintained of tasks and decisions made.

### **Standard 5.3**

The centre had a statement of purpose and function which described the aims and objectives of the service. The centre's model of care was Systemic Therapeutic Engagement Model (STEM) which provides a framework for positive interventions with young people to develop relationships focused on achieving strengths based outcomes through daily life interactions. There was evidence in interviews and questionnaires that that staff had a good understanding of the model of care and it was embedded in their practice. Inspectors and placing social workers were satisfied that the purpose and function was reflected the day-to-day operation of the centre.

The statement of purpose states it is reviewed by the director of services and the senior management team on a continuing basis and was last updated in January 2020. As highlighted in the previous inspection of the centre the statement of purpose did not outline the management and staff employed in the centre and this must be amended to reflect this. Information in relation to the statement was available for young people and their families in an accessible format.

### **Standard 5.4**

Inspectors found from interviews and documentation provided that the quality, safety and continuity of care provided to young people within the centre was regularly reviewed. There were very well developed auditing systems in place and evidence that learning from the audits was used to inform improvements in practices. The centre manager was required to conduct self-audits and provide governance reports

to senior management. In addition, audits were carried out by regional managers and the quality assurance manager on a rotational basis. Inspectors noted that auditing processes had been updated since the previous inspection to incorporate the new National Standards for Children’s Residential Centres, 2018 (HIQA). The inspectors viewed a sample of these audits and found that action plans has been developed and identified deficits had been responded to by the centre manager. The organisation also had a compliance officer who is provided with fortnightly governance reports and reviews practice documented to ensure in line with standards and themes. In interview, staff reported that the regional manager was a constant presence in the centre. Senior management also visited the centre on a regular basis and staff understood the purpose for their visits and received feedback.

Inspectors were satisfied that information in relation to complaints, concerns and incidents was recorded and monitored. Records provided to inspectors provided good evidence that complaints were being monitored and analysed in a number of forums including team meetings and management meetings. All staff interviewed were aware of the complaints process, the role of the organisations complaints officer and could identify learning from recent complaints.

The organisation were aware of the requirement for the registered provider to conduct an annual review of compliance of the centre’s objectives to promote improvements in work practices and to achieve better outcomes for young people and were working towards meeting this standard.

<b>Compliance with Regulation</b>	
<b>Regulation met</b>	<b>Regulation 6.2 Regulation 6.1 Regulation 5</b>
<b>Regulation not met</b>	<b>None identified</b>

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

### **Actions required**

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

## 4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	
5	The centre management must ensure that the statement of purpose is amended to reflect the management and staff employed in the centre.	Centre and Senior management have reviewed and updated the Statement of Purpose and Function, to reflect the management and staff employed in the centre, this was completed on the 24 <sup>th</sup> July 2020.	The Statement of Purpose and Function has been reviewed and updated in line with standard 5.3.1 on the 24 <sup>th</sup> July 2020. The Purpose and Function is reviewed by Senior Management on an annual basis.